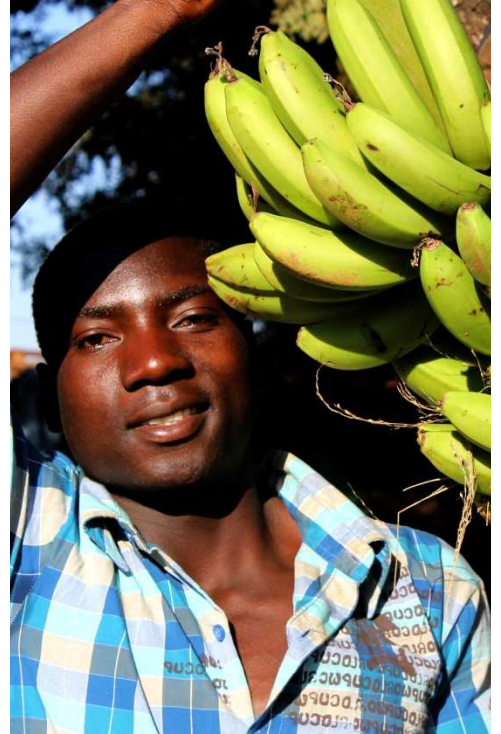


SPRING Annual Report

Project Year 3



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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

DISCLAIMER

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Acronyms

AEA	American Evaluation Association
AgN-GLEE	Agriculture-Nutrition Global Learning and Evidence Exchange
ANC	antenatal care
BFS	Bureau for Food Security
CHCP	Community Health Care Providers
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
EHA	essential hygiene actions
ENL	early-life nutrition linkages
ENA	essential nutrition actions
FWA	family welfare assistants
FANTA	Food and Nutrition Technical Assistance Project
FCT	Federal Capital Territory (Nigeria)
FNS	farmer nutrition schools
FP	family planning
GAIN	Global Alliance for Improved Nutrition
GH	Bureau for Global Health
GOB	Government of the People's Republic of Bangladesh
HA	health assistants
HCES	Household Consumption and Expenditure Survey
HF-TAG	Home Fortification Technical Advisory Group
HKI	Helen Keller International
IATT	Interagency Technical Advisory Team
ICN	International Congress of Nutrition
IFA	iron-folic acid
IFPRI	International Food Policy Research Institute
IHEA	International Health Economics Association
IP	implementing partner
IR	intermediate result
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition (Project)
JSI	JSI Research & Training Institute, Inc.
KM	knowledge management
MAM	management of acute malnutrition
MCHIP	Maternal and Child Health Integrated Program
M&E	monitoring and evaluation
MIYCN	maternal, infant, and young child nutrition
MMP	multiple micronutrient powder

MOH	Ministry of Health
NACS	nutrition assessment, counseling, and support
NCD	noncommunicable disease
NGO	nongovernmental organization
NWGFF	National Working Group on Food Fortification
PHFS	Partnership for HIV-Free Survival
PLW	pregnant and lactating women
PMP	Performance Monitoring Plan
PY	Project Year
RV	reinforcement visit
SBC	social behavior change
SBCC	social and behavior change communications
SC	Save the Children
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally (Project)
SUN	Scaling Up Nutrition
TA	technical assistance
TOPS	Technical and Operational Performance Support (Program)
TMG	The Manoff Group
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	United States Government
WASH	water, sanitation, and hygiene
WB	World Bank
WHO	World Health Organization

Executive Summary

This report highlights SPRING's accomplishments during project year (PY) 3, a period of remarkable growth in field presence and expansion in technical capacity and visibility.

This year, SPRING's core-funded global and technical leadership activities were organized into four global initiatives:

- 1. Preventing Anemia:** Highlights include having a major presence at the 3rd Micronutrient Forum Global Conference; building collaborative efforts at the Multisectoral Anemia Partners Meeting hosted by the USAID Multisectoral Anemia Task Force; strengthening anemia programming at the national level in Uganda; and developing a district-level tool for anemia programming.
- 2. Catalyzing Social and Behavior Change:** Highlights include leading an Expert Working Group meeting on SBCC for nutrition; achieving promising results from a community-led video approach for nutrition; completing a seminal, systematic literature review on SBCC; providing technical assistance (TA) for national nutrition programming in Uganda; and initiating nutrition SBCC work in the Sahel, with the publication of a landscape assessment.
- 3. Strengthening Systems for Nutrition:** Highlights include providing insight into multisectoral approaches to nutrition programming in Uganda and Nepal; exploring context-driven scale-up in nutrition programming; and contributing to the evidence on the link between early life nutrition and noncommunicable diseases.
- 4. Linking Agriculture and Nutrition:** Highlights include developing a series of briefs on evidence-based pathways and principles that strengthen the link between agriculture and nutrition; exploring the integration of nutrition into agriculture and food security programming in Ethiopia; and building collaboration with multinational organizations working in nutrition-sensitive agriculture.

SPRING produced over 60 technical reports, led and participated in several global nutrition conferences and events, and provided technical support to programs.

In PY3, our field presence and engagement also grew considerably. SPRING implemented activities through five country programs funded by USAID Missions in Bangladesh, Haiti, Nigeria, Ghana, and Uganda, and developed two new country programs in Kyrgyz Republic and Mali.

In **Bangladesh**, SPRING built capacity of frontline workers from the Ministry of Health and Family Welfare and the Ministry of Agriculture in essential nutrition and hygiene actions (ENHA), further deepened collaborative efforts, and contributed to the evidence base for nutrition by finalizing important tools and guidelines.

SPRING's **Nigeria** programming continued to focus on the use of a nationally approved infant and young child (IYCF) training package on implementing a Community-IYCF training cascade, and on training health workers on Facility IYCF.

Another Year of Growth and Accomplishment

SPRING's work expanded rapidly in the third year of the project by deepening technical capacity in four global initiative areas and expanding long-term field presence from four to seven countries, launching new programs in Ghana, Kyrgyz Republic, and Mali. SPRING staff grew along with the expanding agenda, encompassing more than 40 staff in the Washington, D.C. home office, and dozens more in seven field offices.

In **Haiti**, SPRING advocated for improved policies and strengthened overall stewardship and leadership for the NACS approach, building strong collaborations with partners to coordinate nutrition activities.

In **Uganda**, significant progress was made towards improving the demand, quality, geographical coverage, and accessibility of high-impact nutrition interventions; strengthening the NACS continuum of care; and supporting national working groups on anemia and food fortification.

In **Ghana**, SPRING's newest country program to get fully underway in PY3, SPRING focused on establishing a project presence, building relationships with key stakeholders and partners, and targeting districts to commence work on high-impact nutrition interventions.

Similarly, SPRING's work to develop programs in **Mali** and **Kyrgyz Republic** focused on determining geographic target areas, creating work plans for the offices' first years, and rapidly hiring technical and operational staff.

In the area of Knowledge Management, SPRING supported a wide range of activities including webinar hosting, conferences, country support, publication production, and development of materials to promote and support the project and enhance program learning in PY3. Video testimonials and web-based interactive tools were developed to make program information more accessible on the SPRING website. There was significant expansion of SPRING's website and knowledge management was featured as the theme of this year's Annual Country Managers' Meeting.

This annual report includes an overview of SPRING's third year operations which highlights staffing changes, presents detailed financial information, and describes the current organization of the growing SPRING team.

With a third year of successful engagement now completed, SPRING looks forward to our fourth year of program delivery, including continued support of country, Feed the Future, and USAID nutrition priorities through global implementation of the Multi-Sectoral Nutrition Strategy.

1. Accomplishments by Global Initiatives

PREVENTING ANEMIA

Anemia remains a global public health problem in spite of concerted efforts in prevention and control. The release of the *USAID Multi-Sectoral Nutrition Strategy* and the growth of the Scaling Up Nutrition (SUN) Movement have played a major role in the ever-increasing momentum of multisectoral nutrition initiatives. This increased momentum provides an opportunity to refocus efforts and identify solutions for combating anemia in a collaborative, comprehensive approach. In PY3, SPRING undertook several activities that raised awareness and technical understanding of the multisectoral nature of anemia at national and global levels, and established a portfolio of work focused on helping countries develop comprehensive multisectoral action plans to address anemia. In Uganda, Sierra Leone, and Ghana, SPRING undertook secondary analysis, stakeholder meetings, and workshops to help national governments understand the causes and consequences of anemia and strategies to tackle the issue. Our experience in PY3 will inform our work in PY4 and 5, and build on it. Some key highlights from PY3, are described in more detail below:

Uganda National Anemia Working Group

This year marked significant progress and results for strengthening anemia programming at the national level in Uganda. In PY3, SPRING supported the Ugandan government to develop an Anemia Action Plan. Although the process was initiated by SPRING, the intent was to generate national-level enthusiasm and country ownership of a multisectoral, tailored approach for anemia control. This intent has largely been borne out, as the finalized Action Plan stands as a Ministry of Health document with endorsement from high-level stakeholders, and ongoing consultations to achieve objectives articulated in the Action Plan.

In PY3, activities of note in Uganda include collaboration with several government and nongovernment Ugandan representatives to hold a National Anemia Stakeholders Meeting in October; the finalization of SPRING's landscape analysis, which provided an overview of Uganda's anemia epidemiology and contained crucial background information for informing anemia interventions; the revival of the National Anemia Working Group (NAWG), which existed prior to the Stakeholders Meeting but was inactive for several years; and the formation of the Uganda Anemia Action Plan. The Uganda Action Plan consisted of strategies to strengthen antenatal care, Child Days Plus, and biofortification efforts, among other areas. By the end of PY3, the NAWG expressed a strong interest to continue their work around anemia. SPRING is planning to continue its role as TA provider to the NAWG and for the successful execution of the Action Plan through PY4. In addition, SPRING will probe in-country stakeholders for their perceptions about the process so that the lessons learned can be integrated into the roll-out.

Multisectoral Anemia Partners Meeting and Micronutrient Forum 2014

In PY3, SPRING shared best practices and built collaborative efforts on anemia programming at global forums. The first was the Multisectoral Anemia Partners Meeting hosted by the USAID Multisectoral Anemia Task Force. This meeting gave technical experts a platform for providing the latest updates, fostering collaboration and coordination, and informing specific scale-up strategies. Participants had an opportunity to further engage in

collaborative efforts and to help advance global targets to decrease anemia, reduce maternal and neonatal deaths, and improve health, productivity, and economic development. More can be found on SPRING's event webpage: <http://www.spring-nutrition.org/events/multisectoral-anemia-partners-meeting>

SPRING also engaged in deliberations and disseminated findings at the Micronutrient Forum —a global conference that brings together specialists from a wide array of sectors who share an interest in reducing micronutrient malnutrition, including researchers, policymakers, program implementers, and the private sector. SPRING highlighted the work and results from our global- and country-level portfolios which included:

- Hosting a Sponsored Symposium, *Making Inferences about Food and Nutrient Intakes from Household Consumption and Expenditures Surveys (HCES)*, where a panel of presenters assessed the use of HCES for analyzing food and nutrition matters, provided comparative analyses of household and individual nutrient intakes derived from HCES and other dietary assessment methods, and discussed strengthening the applications of HCES.
- Hosting a Sponsored Symposium, *Using a Multisectoral Approach to Reduce Maternal and Child Anemia: Best Practices and Lessons Learned*, where a panel of presenters raised the profile and visibility of maternal and child anemia and discussed what approaches countries have put in place to strengthen anemia prevention and control programs.
- SPRING presented three oral presentations and four poster presentations, which are accessible via SPRING's event webpage: <http://www.spring-nutrition.org/events/micronutrient-forum-2014>.

District Anemia Assessment Tool (DAAT)

Recognizing the need to identify the key drivers of anemia at a decentralized level, SPRING developed the District Anemia Assessment Tool (DAAT) to help districts understand the main factors that cause anemia, identify enablers and barriers to addressing anemia, and prioritize actions to improve anemia. The DAAT is guided by the best available evidence and best practices **and** can be used to help multiple stakeholders – policy makers, program managers, and program implementers – strengthen anemia programming at the district level.

The DAAT is an interactive Excel-based toolkit that collates inputs from a multisectoral group of district officials, including data on district-level prevalence of anemia; prevalence of known anemia risk factors; and the status of anemia-related programs across sectors. These inputs are used to present a snapshot of the main factors causing anemia and the status of anemia-related programs. The resulting snapshot allows district officials to assess whether an intervention is having its intended impact, and to prioritize activities to strengthen existing programs, increase integration across programs, and identify new programs. In addition to being a valuable decision making tool, the toolkit also brings together district program managers and TA providers from multiple sectors to stimulate discussion, facilitate an analytic process, and increase awareness about anemia programming. In PY4, SPRING will field-test the tool and identify channels for wider use and sharing of the tool.

CATALYZING SOCIAL AND BEHAVIOR CHANGE

Social and behavior change communication (SBCC) is an integral element in the delivery of high-impact nutrition interventions and the prevention of undernutrition, and SPRING places a heightened focus on SBCC as a key and fundamental, cross-cutting strategy to address both stunting and anemia. SPRING's efforts in PY3 were focused on extending the practice, evidence, and capacity for delivering high-impact, cost-effective, sustainable SBCC for nutrition at scale. These efforts included the publication of a year-long evidence review, establishment of an Expert Working Group on SBCC for nutrition, publication of results from the use of community-video for nutrition, technical support for national nutrition programming in Uganda, and launch of SBCC work in the Sahel. Some key highlights from PY3, are described in more detail below:

Charting the Future of SBCC for Improved Nutrition: Expert Working Group Meeting

Working with USAID and the Global Alliance for Improved Nutrition (GAIN), SPRING mobilized global thought leaders to identify and support the scale-up of effective policies and programs enabling families to make better nutrition decisions. On April 15, 2014, SPRING brought together 28 change and communication experts to examine current evidence and promising practices for SBCC approaches to improve maternal and child nutrition outcomes. Comprised of researchers and practitioners representing academia, the donor community, international nongovernmental organizations, and the private sector, the experts met to coalesce thinking around current evidence and priority focus areas to inform a larger social and behavior change for nutrition conference planned for November 2014.

Participants fed into small group discussions focused on current practice, innovation, and developing research and implementation agendas to guide the scale up of effective policies and programs. One of the key themes that emerged was “doing great SBCC for nutrition with an at-scale mindset.” This included considering scale from the initial planning and design phase, engaging local systems meaningfully, and creatively partnering across disciplines and sectors to maximize impact of programs.

SBCC Literature Review

This year, SPRING completed a significant, seminal piece of work—a summary of peer-reviewed evidence regarding the effectiveness of SBCC approaches to increase the uptake of three key nutrition behaviors: women's dietary practices during pregnancy and lactation, breastfeeding practices, and complementary feeding practices. SPRING's report, *Evidence of Effective Approaches to Social and Behavior Change Communication for Preventing and Reducing Stunting and Anemia*, was finalized, published, and posted online in an interactive version.

Study results show that using multiple SBCC approaches and channels to change behaviors is more effective than using one, that targeting multiple contacts has a greater effect than targeting only the woman herself, and that more visits or contacts results in greater change. However, such comparisons are not well-tested in the literature. Differences in local context (including social norms, culture, and environmental factors) as well as differences in the implementation and scale of implementation, were also shown to affect the success of interventions, which underscores the importance of proper context assessment, formative research and/or ethnographic study prior to SBCC implementation.

The evidence review highlighted the gaps in the evidence and recommendations for further areas of study. While it can be challenging and resource intensive to conduct studies, studies that compare differences in delivery and/or disaggregate single approaches within a multi-approach intervention, could be useful.

The interactive online presentation provides the results in a user friendly and digestible format for practitioners to easily access information and resources. It is divided into an overall/summary page and three “findings” pages with interactive tables that complement the magnitude of this valuable resource.

The literature review and online interactive presentation is a major piece of work that was used while in draft by the expert working group planning the SBCC conference discussed above, “Designing the Future of Nutrition SBCC: How to Achieve Impact at Scale.”

SPRING/DG Feasibility Study and Toolkit

Using a Community-Led Video Approach to Promote Maternal, Infant, and Young Child Nutrition in Odisha, India: Results from a Pilot and Feasibility Study

In October 2012, SPRING began collaboration with Digital Green (DG) and the Voluntary Association for Rural Reconstruction and Appropriate Technology (VARRAT) which resulted in a 12-month pilot intervention in 30 villages in Keonjhar district of Odisha. The goal of the pilot was to test the feasibility of leveraging the DG approach for agriculture to promote maternal, infant and young child nutrition (MIYCN) behaviors and care practices including child feeding, care during pregnancy, and handwashing. DG has partnered with VARRAT in Odisha for the past three years to produce and disseminate videos focused on improved agricultural and livelihoods practices. The success of DG in increasing the adoption of agriculture practices has attracted interest from other sectors, including nutrition. In June 2013, the International Food Policy Research Institute (IFPRI) initiated a feasibility study to examine the results of the SPRING/DG collaborative approach.

The results of this study show that the approach is highly promising and offers an excellent opportunity to respond to key human development needs in nutrition and agriculture. The videos are one of the key sources of nutrition-related information within the communities. The demand for videos is high and acceptability of the intervention by women and their families, as well as the frontline health workers, is strong and the frontline workers view the intervention as complementary to their role. The women's knowledge of the nutrition messages and trials of behaviors promoted in the videos were both high and women were diffusing the video messages with family members and other non-viewers. An overview with the results and recommendations is available on the SPRING website, with the full study provided as a downloadable pdf file: <http://www.spring-nutrition.org/publications/reports/using-community-led-video-approach-promote-maternal-infant-and-young-child>. The final report is being disseminated through a number of key nutrition and agriculture networks and SPRING will also be presenting the findings on a panel at the upcoming GETHealth Summit in Dublin in November 2014.

Based on the experience of the pilot project and encouraging results of the feasibility study, SPRING is also finalizing a Guide for Using Community-led Video for Nutrition, which is a joint SPRING/DG effort. This provisional guide will be available in early PY4 and can be adapted and tested in additional contexts and countries. Given the global shortage of healthcare professionals, which is especially critical in remote, rural areas, this innovative approach leverages nontraditional frontline workers to deliver health and nutrition messages using inexpensive and accessible mobile technology.

Social Change and Mobilization Sub-Strategy in Uganda

In 2013, SPRING began collaborating with the Office of the Prime Minister (OPM), UNICEF, FANTA, REACH, and other Ugandan nutrition stakeholders in developing a National Advocacy and Communication Strategy. SPRING developed a Social Change and Mobilization Sub-strategy, in close collaboration with the OPM and other technical partners in country, which has been instrumental in moving the national strategy development forward. This collaboration has been acknowledged by OPM as instrumental in moving the national strategy development forward.

The Sub-strategy was developed and shared with key stakeholders at a Strategy Partners Meeting in February 2014. The OPM accepted the Sub-strategy at that time, and the partners agreed to harmonize the three Sub-Strategies into one National Advocacy and Communication (NA&C) Strategy. This entailed establishing a NA&C Task Force made up of key stakeholders.

The Sub-strategy suggested a structure of building SBCC and Advocacy activities around four pillars: promoting healthy growth during the 1,000 days, promoting healthy Ugandan diets, promoting role models and nutrition champions, and promoting government accountability. This structure was adopted for the overall Strategy document, and SPRING continued to provide support to the OPM and other members of the NA&C Task Force throughout the harmonization process. The Strategy has been through several rounds of review and feedback with multiple nutrition stakeholders including line ministries, UCCOSUN, bilateral and multilateral partners, including USAID/Uganda.

The National Advocacy and Communication Strategy was approved at NA&C Task Force meeting in September 2014. Participants included the Honorable General Elly Tumwine, a Member of Parliament, and Dr. Alfred Boyo, Nutrition and Child Health Specialist with USAID. The final preparation and printing of the National Strategy is underway, with a launch of the National Strategy planned for December 2014, during the National Nutrition Forum, which will involve the OPM, Parliament, and line ministries.

SPRING Collaboration with REGIS-ER: SBCC Activities in Sahel

SPRING is well on its way to establishing activities in the Sahel, including the publication of a landscape analysis, designing a community radio and video engagement, and providing TA in SBCC. The Landscape Analysis collected information about existing nutrition, food security, and resilience programming, SBCC materials and messages, and information on SBCC methods being used in Burkina Faso and Niger. The results of this activity informed SPRING's support to the REGIS-ER (Resilience and Economic Growth in Sahel - Enhanced Resilience) project's design/development of a SBCC strategy focusing on MIYCN and hygiene in the resilience context. In PY3, SPRING began actively engaging with key partners and USAID to refine SPRING's initial scope of work submitted in PY2.

SPRING will oversee the implementation of two subawards and provide on-demand TA to the REGIS-ER partners. SPRING subawards include implementation of a community radio program in Burkina Faso and a community video approach in Niger. SPRING will work with Development Media International (DMI), to promote MICYN and hygiene behaviors in the USAID and REGIS-ER zones of influence in Burkina Faso. In PY3, SPRING also conducted a scoping visit with the SPRING Sahel Nutrition SBCC Advisor and Digital Green in Niger, to develop a collaborative community video approach, reflecting the methodology and outcomes of the recently completed SPRING and DG feasibility study in India. This year, SPRING will support the pilot in two communes in Maradi, Niger, in collaboration with REGIS-ER, Mercy Corps, and Save the Children. The operations research will include an evaluation component and will focus on components of scale. It will be carried out in 80 community groups, located in 20 villages.

STRENGTHENING SYSTEMS FOR NUTRITION

USAID's *Multi-Sectoral Nutrition Strategy (2014-2025)* calls for multisectoral coordination along with collaborative planning and programming across sectors at national, regional, and local levels, to accelerate and sustain nutrition improvements. "Effective interventions must reach across disciplines to address the many determinants of malnutrition. In the past, many nutrition initiatives have been vertical programs implemented through isolated delivery systems; however, there has been a recent recognition that multi-factorial causation is best addressed with multisectoral interventions" (USAID 2014a).

Taking solely a multisectoral response may not be sufficient to make larger changes that address all the levels of causation of nutrition and may need broad systems approaches. Russell and colleagues stress, "System[s] thinking requires a change in mindset: recognizing that the whole is greater than the sum of its parts and contrasting with

a traditional, reductionist approach.” This allows for a different way of approaching, interlinking, analyzing, and solving challenges that moves away from traditional problem-solving—the idea of isolating a system into smaller, digestible parts (Russel et al. 2014). In order to better employ systems thinking to address nutrition, in PY3, SPRING has collected, generated, and disseminated evidence around how food, health, agriculture, and other systems influence nutrition programs and outcomes.

Learning from Multisectoral Nutrition Planning

Analysis and documentation of country-level efforts to reduce undernutrition over time (Pathways to Better Nutrition Case Studies in Uganda and Nepal)

For countries looking to implement multisectoral nutrition plans, it is critical to clearly understand what does and does not work in a country context. Countries can learn from each other on how they adapt to new information, evidence, and events related to scaling up nutrition. In PY3, SPRING began in-country data collection to study multisectoral nutrition plans as part of the “Pathways to Better Nutrition” case studies in Uganda and Nepal. Throughout the course of the studies, SPRING is developing a series of country briefs, reports, and analyses that provide insight into multisector nutrition approaches. Each country case provides insight into how political will and policy commitments translate into nutrition specific funding.

The case studies use a mixed methods¹ approach to track country efforts to reduce undernutrition over time, focusing on the emphasis given to the nutrition-specific and-sensitive activities and how prioritization of these activities affects the financial resources allocated. Uganda and Nepal were selected from a rigorous methodology designed to showcase undernutrition reduction efforts in diverse contexts. To do this work, SPRING collaborates closely with government stakeholders (OPM in Uganda, and National Planning Commission in Nepal) and implementing partners, particularly the UNFPA-funded Reproductive Educative and Community Health (REACH) and USAID-funded Nutrition Innovation Lab. Steering bodies and other key stakeholders, continue to demonstrate strong interest in the case studies.

In PY3, as a first step in telling the stories of multisectoral planning and implementation, SPRING developed snapshots of key indicators corresponding with the strategic national objectives articulated in the national nutrition plans in each country. Importantly, these snapshots are broken down by subregion, allowing for identification of context-specific characteristics. These snapshots have been received very well, with praise and appreciation coming from USAID missions as well as high-level government officials for clearly outlining the strengths and gaps each subregion faces across the full set of national plan objectives.

Understanding Scale for Nutrition Programs

Develop and disseminate definitions of context-driven scale-up

While many groups have attempted to define “scale-up,” little research has been done to determine how these definitions affect implementation. This is an area of growing interest and technical need, particularly within USAID’s Feed the Future activities and the Scaling Up Nutrition (SUN) movement. SPRING’s work hypothesizes that better understanding and operational definition of “scale” will be critical for setting goals, targets, financial and program planning, including better costing estimates. In PY3, SPRING finalized a working paper that provides the organization’s proposed definition of scale-up. To do this, SPRING reviewed existing nutrition programs with experience operationalizing the concept of “scale up”. SPRING selected a sample of twenty-two project staff, in

¹ Qualitative, Quantitative (survey data analysis and financial analysis of budgets)

collaboration with USAID, in order to understand how these projects “operationalize” and plan for scale. Through interviews with key informants, online follow-up, discussions with USAID, and validation of preliminary findings by the interview respondents, SPRING has worked to document the planning and implementation steps, challenges faced by implementers, and how metrics are being used to measure and report on scale. This work by SPRING addresses a key gap in nutrition programming, which emphasizes scale without investigating how scale should be achieved or what “programming for scale” means for nutrition. Through this work, SPRING has provided a picture of scale as it currently exists in the field and a summary of the experiences of implementers trying to achieve scale. This is a useful resource for future efforts to scale-up nutrition.

Expanding Thinking to NCDs

Many countries that are supported by USAID are in the midst of the “epidemiologic transition”, with a continuing burden of communicable disease that is now rivaled by a steadily rising burden of noncommunicable disease (NCD), while undergoing a parallel “nutrition transition” away from traditional diets and resulting in a double burden of both under- and over-nutrition among the population. The combined disease load is straining health care resources in these countries. These conditions co-exist in the same populations and may share common root causes, with recent evidence suggesting that poor nutrition during pregnancy can increase both poor child health outcomes and later life cardiovascular disease (CVD) risk. In order to provide some practical estimates of this relationship, SPRING modeled improvements in nutritional status among pregnant women and the impact this has on later life CVD burden in Bangladesh. SPRING also developed a literature review on the relationship between adverse birth outcomes on later life diabetes risk. Both efforts helped to provide new information on the additional lives that can be saved through USAID’s maternal nutrition interventions. When this information is used in combination with SPRING’s NCD profiles, program planners can better assess populations most at risk of bearing the brunt of the nutrition transition, and can pivot programming to address this need, potentially extending healthy years of life in hundreds of thousands of individuals across USAID countries.

Mapping Capacity for Nutrition

Despite the fact that there is a global consensus on actions that are essential to address undernutrition, the workforce to promote those actions is often insufficient and unqualified for the task. Realizing the gravity of the undernutrition problem, *USAID’s Multi-Sectoral Nutrition Strategy 2014-25* has prioritized increasing the number of formally trained professional and frontline workers in nutrition as two of its high impact actions (USAID 2014b). Understanding the availability, spread, capacity, and role of the nutrition workforce is an essential step to implement and scale up nutrition programs. With this in mind, SPRING developed a simple, easy to use tool for mapping nutrition workforce. In PY2 SPRING tested this tool in Haiti and in PY3, based on the experiences in Haiti, SPRING reviewed, revised, and expanded the tool into a Nutrition Workforce Mapping Toolkit, including a user’s guide, data collection forms, data entry forms, and illustrative tables for reporting findings. The purpose of the mapping exercise is to collect data on nutrition-specific actions performed by health workers at different levels with the health care service-delivery system. Data that are gathered include nutrition workforce size, composition, qualification, availability, gaps, and training status within different levels of the health facility. The toolkit then guides stakeholders in the development of tables and graphs which can be used for identifying training gaps related to nutrition-specific actions, improving planning and delivery of those actions, strengthening design and delivery of competency-based training programs; and advocating for nutrition workforce recruitment, deployment, and capacity-building.

LINKING AGRICULTURE AND NUTRITION

SPRING's work in linking agriculture to nutrition continued to expand, with direct TA to countries, support for operations research related to integration, and efforts to provide some practical examples of programs along the Agriculture-to-Nutrition Pathways.

Agriculture-to-Nutrition Pathways

At the beginning of PY3, SPRING developed a series of four briefs illustrating how evidence-based pathways and principles can strengthen agriculture and nutrition linkages under Feed the Future. Short vignettes from agricultural activities highlighted how these concepts may be applied in diverse contexts. The frameworks of the pathways and principles for improving nutrition through agriculture are described in the first brief "*Understanding and Applying Primary Pathways and Principles*." Each subsequent brief explores a different route between agriculture and nutrition through each of the pathways: food production, agricultural income, and women's empowerment. SPRING's presentations of these briefs both at USAID in March 2014 and subsequently with various Mission staff and implementing partners have elicited positive feedback and led SPRING to focus TA and guidance documentation to aid in the operationalizing of these pathways.

For example, SPRING initiated work in Guatemala and Rwanda to examine in greater depth nutrition-sensitive programming along the pathways outlined in the brief series. To be completed in FY15, SPRING is carrying out formative research in Guatemala to help identify and prioritize influencers that affect purchase, production, and consumption decisions, including the seasonal food market environment. Similarly in Rwanda, SPRING is building a comprehensive understanding of how increases in income affect purchasing and consumption patterns among these programs' participants, their care-seeking and care-giving practices, and women's empowerment. The learning from Guatemala and Rwanda will be synthesized and disseminated in PY4.

Multisector Integration

In PY3, SPRING set out to explore and document project experience integrating nutrition into agriculture and food security programming. In Ethiopia, SPRING collaborated with the USAID Mission and several Feed the Future implementing partners to document the experiences and coordination among Feed the Future partners utilizing public extension agriculture Development Agents (DAs) to deliver nutrition messages and interventions at the community-level. The resulting technical report, *Using Agriculture Extension Agents to Promote Nutrition: A Process Review of Three Feed the Future Activities in Ethiopia*, (<http://www.spring-nutrition.org/publications/reports/ethiopia-process-review-feed-the-future>) discusses the processes, challenges, successes, and lessons learned from project staff, government staff including DAs, and community members. The report also provides a number of recommendations for ways current programming and coordination could be adjusted to improve nutrition outcomes. Early in PY4, SPRING will be conducting a two-part webinar series together with the USAID-funded project MEAS (Modernizing Extension and Advisory Services) to share the findings from SPRING's participatory process review and MEAS's assessment of agricultural extension, nutrition education, and integrated agricultural programs and systems in Malawi.

SPRING also examined integration through a research activity conducted in partnership with IFPRI and HKI in Burkina Faso. The study explored whether and how 'integration' as a project management process was affected in a homestead food production activity in Burkina Faso. From this work, the beginnings of an integration "typology" emerged which informs a way of thinking through how integration may be built into a project to maximize the best effect. In the case of HKI's integrated food security program in Burkina Faso, there was a clearly articulated

design that included harmonized messaging, where the staff linked agricultural activities with complementary nutrition messages. While the project was not explicitly designed to facilitate side-by-side interaction of the two sectors, the key messages from each side complemented one another, and were delivered to the same participants. The findings from the study offer examples of concrete language that project stakeholders, no matter their technical background, can use as a jumping off point to guide discussions around design, or to discuss integration with different levels of staff.

Nutrition-Sensitive Context Assessment

Responding to a need expressed during the AgN-GLEE workshops, SPRING is completing a guide to undertaking high quality context assessment. The guidance is oriented to inform multisectoral program design by leading the user through a process that identifies and prioritizes components of relevant, existing tools that meet the user's needs. The guide has annotated over 50 practical context assessment tools that are available in the public domain and that, when applied, may assist agriculture and food security interventions to improve maternal and child nutrition in specified rural target areas. Both the guide and the tool annotations have been completed and an interactive online platform to assist users in selecting appropriate tools for their context assessment is in development. The guide, annotated tools, and online platform are expected to be beta tested during the first quarter of PY4, and will then be finalized and made publically available on the SPRING website.

Knowledge Management for Nutrition-Sensitive Agriculture

As part of SPRING's effort to prioritize information sharing and expansion of its knowledge management platform, the project hosted a total of 14 virtual experience sharing events this year, including six SPRING webinars and eight Ag2Nut Community of Practice monthly calls. Interest and participation in SPRING webinars remained strong in PY3, with 1,114 registrants and 651 participants from across over 80 organizations representing national government, academia, international NGOs, and community-based programs from more than 90 countries. SPRING's learning agenda covered a wide range of topics, including the "how" of integration through nutrition-led agriculture in Senegal to innovative use of community-led video to improve nutrition through an existing agriculture extension platform. SPRING also partnered with USAID's TOPS program on a three-part series examining gender considerations across the agriculture to nutrition pathways. SPRING has also served as the knowledge management lead on each of the Ag2Nut Community of Practice calls. This collaboration provides an excellent opportunity to make connections across Feed the Future, FAO, World Bank and other multinational organizations working to improve nutrition-sensitive agriculture.

In addition, SPRING launched the Agriculture-Nutrition Resource Review in January 2014, a monthly selection of diverse materials to keep busy development practitioners updated on research and developments related to strengthening linkages between agriculture and nutrition. Originally disseminated through the Agrilinks AgN-GLEE Group, the Resource Review migrated to the SPRING website in May 2014 to expand its reach and make resources more widely accessible through an archive and search feature. SPRING released nine editions this fiscal year, reaching over 1,500 individuals through email and an additional 1,000 individuals and institutions through Twitter. With an average open rate of 38 percent, the review exceeds the industry standard email marketing open rate by 15 percent.

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USAID. 2014b. *Multi-Sectoral Nutrition Strategy 2014-2025*. Washington D.C.: USAID. Accessed on June 30, 2014 http://www.usaid.gov/sites/default/files/documents/1867/USAID_Nutrition_Strategy_5-09_508.pdf

2. Highlights of Country Accomplishments

While highlights of country-specific accomplishments are presented in this section, the Appendices include full Annual Reports for five SPRING countries: Bangladesh, Ghana, Haiti, Nigeria, and Uganda. (The programs in Mali and Kyrgyz Republic are still in the process of developing their first year work plans.) Please refer to the appended country annual reports for complete narratives, comprehensive M&E data, findings, and lessons learned – a long with photos, other graphics, and annexed success stories detailing SPRING’s country-based programs.

BANGLADESH

In addition to achieving significant results in field activities, in FY14 SPRING/Bangladesh was deeply involved in collaborative efforts, hosted a number of important high profile visits, contributed to the evidence base on nutrition, and finalized important tools and guidelines.

SPRING/Bangladesh continued to be a resource for technical staff of other USAID and non-USAID projects – including the Aquaculture for Income and Nutrition project, the USAID Horticulture Project, SISIMPUR, and the AESAP project – and to date, SPRING has trained 264 staff on essential nutrition and hygiene actions (ENHA) from these projects.

SPRING contributed to the evidence based on nutrition through publication of “Market Purchase Motivations Among Rural Men in the Khulna District of Bangladesh” as well as new qualitative research examining handwashing behaviors through its “Use of Tippy Taps and Handwashing Practices in Southern Bangladesh” observational study. The project also finalized an SBCC Strategy, Community Worker Guides on Nutrition, and three success stories. In order to further strengthen its internal monitoring tools, SPRING revamped existing materials and developed new tools to improve data quality, appropriateness, and completeness. SPRING finalized a new project monitoring plan (PMP) and accompanying program indicator reference sheets (PIRS).

In FY14, the project established 2,560 new farmer nutrition schools (FNS), reaching 48,000 new women. Since inception in FY12, SPRING/Bangladesh has established 3,861 FNS groups, reaching a total of 77,217 women. Each of these women was exposed to improved homestead food production methods, and received extensive training on essential nutrition and hygiene actions. During FY14, the project supported routine nutrition-related monitoring and supervision in 1,005 community clinics as well as in family planning centers, *upazila* health complexes and other health facilities. During FY14, these project-supported providers recorded 2,040,962 contacts with PLW or women with children under two, bringing the total number of contacts since project inception to 2,980,978.

SPRING/Bangladesh also continued efforts to build the capacity of the MOA’s Sub-Assistant Agriculture Officers (SAAOs) as well as Agriculture Information Service (AIS) and Agriculture Information and Communication Center (AICC) officials, providing ENHA refresher training and supportive supervision to 906 MOA officials. Through their work with farmer groups in Khulna and Barisal divisions, SPRING-supported MOA officials recorded 311,484 contacts with PLW or women with children under two, bringing the total number of contacts since project inception to 476,932.

The geographic scope of SPRING/Bangladesh continues to be the USAID Feed the Future target zones of the southern delta divisions of Barisal and Khulna. SPRING has attained rapid and broad coverage across 40 *upazilas* in nine districts in the two target divisions, covering a population of 5.7 million people.

In FY14, SPRING maintained the same geographic area but increased its proportionate coverage of PLW in the lower two socioeconomic quintiles by doubling its target reach of FNS households. The total number of households enrolled with established home gardens during FY14 was 48,000 households. This expansion increased SPRING's proportionate coverage through FNS programs from 17 percent to 60 percent of PLW within the lower two socioeconomic quintiles in these 40 *upazilas*.

GHANA

USAID/Ghana requested SPRING support in achieving their goal of reducing stunting by 20 percent in the USAID Feed the Future zones of influence (ZOI): the Northern Region, the Upper East Region, and the Upper West Region. During FY14, SPRING/Ghana focused on rapid project start-up activities, including work plan development, recruitment for key positions, office establishment in Tamale and Accra, and relationship building with key stakeholders and implementing partners. This year, SPRING effectively established both its physical and programmatic presence in Ghana: of the 15 target districts, seven have staff embedded at the district level and have completed a scoping and planning process, and technical staff leads have been hired covering water, sanitation, and hygiene (WASH), nutrition, agriculture, and monitoring and evaluation (M&E).

SPRING/Ghana has worked hard to ensure effective coordination and collaborative support mechanisms are put in place, especially with Ghana Health Services (GHS), United Nations (UN) agencies, and other nutrition implementers in the country. At the national level, SPRING/Ghana facilitated Ghanaian Government participation at the global Micronutrient Forum in Addis Ababa, Ethiopia in June.

Involving delivery of a broad range of evidence-based nutrition interventions, designed to supplement existing USAID investments in the ZOI, and aimed at accelerating progress toward the Feed the Future stunting reduction target, the SPRING work plan for Ghana is organized around the following five objectives:

- (1) Improved delivery of high-impact nutrition services;
- (2) Increased demand for high-impact nutrition practices and services;
- (3) An improved enabling environment for adoption and delivery of high-impact nutrition practices and services;
- (4) An enhanced evidence base regarding delivery of selected high-impact interventions; and
- (5) An enhanced policy environment for delivery of state-of-the-art nutrition interventions.

Strengthening optimal infant and young child feeding (IYCF) practices is a known effective intervention for improved nutritional outcomes and Ghana has committed to institutionalizing this approach throughout the health system to the community level. SPRING/Ghana has engaged extensively with UNICEF and GHS to ensure that the support planned for IYCF trainings is well coordinated and will ensure greater reach at the CHPS level within target districts. Through district scoping and planning visits, SPRING/Ghana gained knowledge on the capacity of service providers, community volunteers, and community-based groups in IYCF; training targets; and key contact points. Additionally, SPRING/Ghana has gathered IYCF materials, including job aids and tools, and defined competency criteria for the delivery of IYCF within the project's performance monitoring plan (PMP), which will be measured and reviewed by both GHS and UNICEF.

Key to ensuring the delivery of quality nutrition services is the availability of essential nutrition-related commodities at the district level. SPRING/Ghana has engaged with UNICEF, GHS, and USAID|DELIVER to work through a detailed procurement process for nutrition supplies for the Community Health Improvement Services (CHPS) level. In addition, SPRING/Ghana has designed a nutrition supply chain assessment exercise in collaboration with USAID|DELIVER to be conducted early in FY15 in both the Northern and Upper East Regions.

It is not yet clear what direction the government will take with respect to micronutrient powders (MNPs). Questions and concerns remain regarding the specific formulation for the MNPs; their potential interaction with malaria; and the sustainability of the product post donor funding. Although the technical review group has unanimously recommended the use of MNPs and their inclusion into the Ghana Draft Nutritional Policy, following World Health Organization (WHO) global guidelines, movement on this is slow and SPRING/Ghana has been advised to develop an operations research agenda in collaboration with the GHS. In the meantime, SPRING/Ghana is developing a proposal to cover six districts in the provision of MNPs to children ages 6-23 months through a facility-based distribution system. This will be matched with training and SBCC messages to ensure compliance and reach. In addition, there has been interaction with WFP to look at the provision of MNPs through commercial outlets. SPRING/Ghana has been supported by USAID to undertake procurement through USAID|DELIVER of key nutritional commodities.

The development of the project's SBCC strategy has begun. District exploration conducted to date has examined existing sources of mass media and interpersonal communication including drama groups and radio sketches, and Mother-to-Mother-Support-Groups (MTMSG). Initial conversations have also taken place with the school health elements of the work plan to enable inclusion of nutrition messaging and the potential for the trial of iron supplementation for adolescent girls and general education on anemia prevention.

Within the districts of northern Ghana, WASH remains a challenge. There is a high level of interest and engagement from the district assemblies in this agenda and SPRING is mapping out the model with communities. The introduction of tippy taps is agreed, and SPRING/Ghana will mix strategies to amplify the WASH messages.

The presence of the staff and work plans means that SPRING/Ghana is now well positioned to initiate quarterly nutrition coordination meetings. SPRING/Ghana has attended all Northern region coordination events as well as national coordination events so far, and has also participated in FTF Chief of Party coordination meetings.

SPRING/Ghana has worked on the identification of test kits for aflatoxin measurement reaching out the Peanut & Mycotoxin Innovation Lab (PMIL) for specific advice and sampling strategies. In addition, contacts have been made with the Ministry of Food and Agriculture (MoFA), Savanna Agricultural Research Institute (SARI), Nestlé, and Hershey's projects on peanut butter regarding the potential for limited aflatoxin peanuts and current support.

SPRING/Ghana has also been active in advising in the design and formulation of the Livelihood Empowerment Against Poverty (LEAP) 1000 program with both UNICEF and the Ministry of Gender, Children and Social Protection at the national and regional level.

SPRING/Ghana developed a draft narrative of the Performance Management Plan (PMP) which outlines a monitoring and evaluation (M&E) system to facilitate the assessment of SPRING's intended results. The draft PMP includes a results framework which illustrates the relationship between the Intermediate Results (IRs) and the project's objectives (POs). Also embodied in the narrative are guidelines for the collection of specific information that will be used to assess project performance in order to guide decision making. The plan also lays out procedures for the project's Monitoring team to plan and implement effective assessment and reporting of progress.

HAITI

SPRING/Haiti's FY14 activities were guided by four strategies: (1) Strengthen policy, advocacy, and stewardship for nutrition; (2) Promote innovative and evidence-based communications approaches to social and behavioral change; (3) Enhance systems and capacity for delivery of quality nutrition services; and (4) Expand evidence-based learning for designing, planning, and managing effective nutrition programs.

In FY14, SPRING/Haiti worked closely with the *Ministère de la Santé Publique et de la Population* (MSPP) to advocate for improved policies, and strengthen the overall stewardship and leadership for the NACS approach in Haiti at the national and departmental level. Key achievements included advocating for the NACS approach at the monthly Nutrition Cluster Meetings (CTN) held at the MSPP, organizing a successful review and planning meeting that brought together NACS stakeholders, revising a national supportive supervision tool, and providing TA to finalizing national NACS tools.

Activities at the facility level included training health workers on NACS and IYCF and counseling, ensuring that health facilities are equipped with the necessary nutrition equipment and supplies, working with health facilities to effectively incorporate nutrition into their regular quality improvement (QI)-related activities, and supporting health facilities to develop and/or strengthen existing health management information systems (HMIS), and encourage regular use of data for decision-making.

In FY14, SPRING/Haiti reached 12 health facilities across five departments: the West, Artibonite, North, Northeast, and Center departments. The 12 target health facilities for FY14 included five health facilities that SPRING/Haiti initiated work in FY13, and scale-up to an additional seven health facilities.

Building the capacity of health workers to deliver NACS services was a key achievement in FY14. SPRING/Haiti's Technical Advisor supported the 50 master trainers who were trained by SPRING/Haiti during FY13 and FY14 as they rolled out the national NACS and IYCF and counseling training packages to health workers at the twelve target sites. Health facilities had the option to select rolling out the trainings in a traditional workshop-style approach, or to conduct an on-the-job training (OJT) modular approach. In FY14, a total of 44 master trainers and 245 health workers were trained which is in line with our original target of 48 master trainers and 240 health workers.

This year, SPRING/Haiti initiated mixed-method operations research exploring the advantages and disadvantages of the on-the-job modular training methodology compared with a more traditional training approach. Baseline data were collected in January 2014 through interviews and observations. The results were presented in facility profiles that were shared and discussed with health facilities, the USAID/Haiti Mission, and the MSPP. They proved to be useful for planning and prioritizing activities to strengthen services. The follow-up data collection, which will include more qualitative data collection methods to explore perspectives on the training methodology, will occur in the first quarter of FY15. (This activity is funded by both Field Support and Core.)

At the MSPP's request, SPRING/Haiti revised selected IYCF counseling cards, updating the cover, card number 23, and card number 26 of the IYCF counseling cards, "*Bonjan fason pou bay yon tibebe manje depi l fèk fèt jouk li rive 24 mwa.*" Another critical component of quality service provision is the availability of necessary equipment. To help ensure that an adequate supply of anthropometric equipment is available at key contact points within each target health facility, SPRING/Haiti worked with the health facilities, the NFPS, and UNICEF to ensure that health facilities have the equipment and supplies necessary to implement NACS.

Lastly, this year, the Scaling up Nutrition (SUN) focal person for Haiti (Director of the MSPP Nutrition Unit) requested SPRING/Haiti through the SUN Secretariat to assist in moving the SUN-related agenda forward. SPRING/Haiti supported a SUN-related meeting that brought together 42 nutrition partners from 17 partner institutions, including USAID, to discuss a multisectoral strategy to reduce undernutrition in Haiti. SPRING provided TA to MSPP to develop a national SUN strategic plan and framework to revitalize the SUN movement, funded through core resources.

NIGERIA

SPRING/Nigeria's work centers on two objectives: (1) Build demand for nutrition services and adoption of appropriate IYCF practices within communities and (2) Strengthen the capacity of local, nongovernmental, and government agencies to improve supply and delivery of nutrition services. Delay in the release of funds greatly affected some activities which should have been implemented earlier in the year.

During FY14, SPRING/Nigeria worked on the development of a strategy for complementary communication activities during the roll out of IYCF activities in focal states. The SBCC implementation strategy is expected to reinforce IYCF messages provided during support group activities, draw more people to the support groups, and provide a platform for more IYCF information dissemination.

During FY14, working in tandem with partner projects SMILE and STEER, SPRING rolled out IYCF training in five states: Bauchi, Benue, Edo, FCT, and Kaduna. SPRING/Nigeria held over 30 sensitization meetings within the five supported states and LGAs. Key stakeholders from relevant government ministries (the MoH, MoWA, and MoA) at the state and LGA levels were sensitized on the importance of IYCN programming and interventions. These visits provided the needed opportunity to create awareness on IYCN among key Government of Nigeria (GoN) policy and technical officers as well as solicit their support. SPRING/Nigeria also conducted an assessment of the primary health care centers and secondary/tertiary health facilities in Bauchi, Benue, Edo, FCT, and Kaduna, to verify their suitability for the roll-out of IYCF activities.

FY14 provided the needed opportunity for SPRING/Nigeria to aggressively roll out the IYCF counseling trainings (facility and community) in the five states. A total of 43 trainings were conducted, with a total of 1,073 people trained by SPRING. Within the F-IYCF roll out, 208 providers from secondary health facilities and 29 health workers from tertiary health facilities were trained on the facility-based counseling package. 734 people were trained on the community-based IYCF counseling package, including 38 master trainers (state officials and SMILE/STEER officers), 111 coaches (LGA officials and CSOs) and 585 IYCF support group facilitators (CSO's volunteers and PHC personnel). Finally, 102 M&E Officers from the SMoH, SMWA, LGAs, UGM partners and supported CSOs were trained on C-IYCF M&E data tools and reporting. These trainings and community mobilization activities (such as World Breastfeeding Week), allowed SPRING to reach approximately 16,100 caregivers of children under five across the five states, providing sensitization on IYCF as well as group and one-on-one counseling sessions.

In addition, SPRING/Nigeria, in partnership with SMILE, STEER, and CSOs, created awareness within supported communities, utilizing the C-IYCF trainings held in the states and LGAs. SPRING engaged community and opinion leaders and over 60 community IYCF support groups were formed.

SPRING/Nigeria worked with the government in the five focal states to strengthen the system for coordination of IYCF activities, building on established governmental structures within the states to ensure government ownership of IYCF roll-out. SPRING/Nigeria ensured that planning and implementation of IYCF activities within the states/LGAs were implemented in partnership with the state/LGA nutrition focal persons. The capacity of the

state and LGA nutrition focal persons were strengthened through IYCF planning and training. Follow up and mentoring activities were also carried out by SPRING/Nigeria field staff to ensure linkages between the LGA and state teams. This improved the coordination system using resources available within government coffers.

UGANDA

This year, SPRING/Uganda focused on increasing the demand for prevention and treatment of under nutrition services at community level in Kisoro and Ntungamo districts in the SW. To achieve this, SPRING built the capacity of village health team members (VHTs) and community volunteers in CAC and social and behavior change communication (SBCC).

SPRING also developed and launched a community video campaign called *“Great Mothers, Healthy Children”* in Kisoro and Ntungamo. SPRING/Uganda developed a set of twelve videos on IYCF based on testimonials from ‘great mothers’ (mothers of children 0-23 months), ‘wise women’ (grandmothers) and ‘fabulous fathers’ (fathers of children 0-23 months) in project communities. The videos were developed in local languages and emphasized best practice associated with exclusive breastfeeding, feeding a sick child, feeding a recovering child, and seeking medical care.

At the national level, SPRING/Uganda continued to support the UNAP secretariat in the Office of the Prime Minister (OPM) to develop the National Advocacy Communication Strategy. SPRING/Uganda provided technical guidance and support and played a critical role in the harmonization of the three sub-strategies into one cohesive National Advocacy and Communication Strategy. SPRING/Uganda will continue to support the roll-out both through continued support to the OPM and through direct implementation of part of the Strategy. This activity is complemented through SPRING core funds.

In an effort to strengthen the NACS continuum of care, SPRING/Uganda procured and distributed anthropometric equipment to target health facilities in the SW and EC regions. All facilities in the SW received four medical weighing scales for adults, four Seca Salter scales for children, four roller height measures, and MUAC tapes for children, adolescents, and adults. Each of the HC IIIs in Namutumba received 50 MUAC tapes for children (6-59 months), 50 MUAC tapes for children (5-9 years), 50 MUAC tapes for children (10-14 years), 18 MUAC tapes for people aged 15-17 years and adults, one neonatal scale, two adult standing scales and two height rollers.

To ensure proper use of anthropometric equipment in all supported health facilities, SPRING/Uganda provided Continuing Medical Education sessions (CMEs) to health workers on proper use and maintenance of the equipment. The training, distribution and routine coaching sessions appear to have resulted in increasing proportion of clients receiving nutrition assessment over the year, from 44 percent in the first quarter to 49 percent in the fourth quarter in Kisoro district. Over the same time period, the proportion of clients identified as malnourished declined from 4 percent in the first quarter to 1.4 percent in the fourth quarter. For Ntungamo however, while the proportion of clients assessed increased, the number of clients found malnourished increased, from 1.5 percent in quarter one to 2.6 percent in the fourth quarter.

In FY14, SPRING/Uganda mapped community-based organizations (CBOs) and other groups involved in economic strengthening and other livelihood support activities in the Kisoro, Ntungamo, and Namutumba districts, with the aim of integrating nutrition into the CBOs’ ongoing services. SPRING/Uganda established collaboration with six economic strengthening and livelihood CBOs in the SW. Six orientation meetings were carried out reaching 37 participants in Kisoro and 101 in Ntungamo. In Namutumba, 21 leaders of CBOs were oriented on integration of nutrition activities ongoing economic strengthening and livelihoods services.

In F14, SPRING/Uganda continued to support the MOH in developing a roadmap for the implementation of MNPs to improve the quality of complementary diets provided to children 6-23 months of age in Namutumba. The World Food Programme (WFP), University of British Columbia, and UNICEF completed situational analysis and formative research to inform the design of Uganda-specific packaging for MNPs, and SPRING/Uganda conducted formative research to inform the design of SBCC strategy for promotion of MNPs. Implementation of the MNP pilot is expected to start in early 2015. This activity is complemented through SPRING core funds.

In the area of monitoring and evaluation, this year SPRING/Uganda finalized development of the M&E systems for data collection and reporting of program activities; updated the project's performance monitoring plan to incorporate food fortification, nutrition, and SBCC indicators; and supported the MOH in drafting of the food fortification M&E framework. Additionally, SPRING/Uganda supported the inclusion nutrition indicators in national HMIS tools which further enhance quality of nutrition data collection at the facility level. Staff trained 110 health workers on appropriate use of the new tools, and began to supply these HMIS registers to SPRING/Uganda-supported health facilities in SW and Namutumba.

3. Knowledge Management

In PY3, SPRING's Knowledge Management (KM) work continued to expand with the growth of the project. The KM team supported a wide range of activities including webinars, conferences, country support, publication production, and development of promotional materials. This year's Annual Country Managers' Meeting brought in eight staff from five countries for a weeklong meeting, whose main theme was knowledge management. The KM team provided country-specific branding and KM support and facilitated the development of country-specific communications strategies. The KM team also provided each country with an array of promotional materials (signs, banners, t-shirts, brochures, car magnets, lapel pins, flash drives, etc.) in order to brand and supply the countries offices.

The KM team also hosted and facilitated a series of highly successful webinars that showcased SPRING's focus technical areas. Five of the webinars attracted around 150 participants, which in turn is steadily building an audience to which SPRING can showcase and disseminate its work and activities, increasing our social media portfolios. Year 3 also brought about a huge increase in publications, resources, tools, analyses, nutrition profiles, technical briefs, and videos, of which the KM team managed the production and finalization. KM also began providing translation support to our growing countries' needs, providing translated materials in Spanish, French, Russian, and Kyrgyz. We anticipate the need to translate more materials, publications, and website content in Year 4. PY3 has seen significant expansion of the SPRING website. In total, 476 public pages were added to the website, including 29 technical briefs, 24 news stories, 16 activity descriptions, 9 reports, 4 posters, 2 job aids/tools, 2 success stories, a case study, and a journal article. "Evidence of Effective Approaches to Social and Behavior Change Communication for Preventing and Reducing Stunting and Anemia: Findings from a Systematic Literature Review" is a major new resource added to the site; it features interactive tables of the results of 107 articles examined for the review. The Iron-Folic Acid Technical Brief Series was also added this year, featuring an overview and 21 associated country briefs on identifying the falter points for iron-folic acid supplementation, distribution, and compliance. The Resource Review was also instigated this year as a selection of materials that will help SPRING's stakeholders keep on top of research and developments from across SPRING's technical areas. This year, 166 resource summaries were added to the Resource Review.

The website also continues to serve internal project knowledge needs. The project uses the "SPRING Intranet" for functions such as document storage and sharing, activity and deliverable tracking, document management (through the publications process), travel tracking, reporting, and resource management (such as the phone line reservation system through which staff have scheduled 347 calls). The "Document Library" gained 107 files this year, including staffing matrices, project policy documents, and templates.

SPRING WEBSITE BASIC INFORMATION:

- 11 videos posted, with 156 plays and 6,877 loads.
- The most-viewed video was *Webinar Recording: Multisectoral Anemia Partners Meeting*, with 49 views and 651 loads. The second most-viewed video was *Addressing Malnutrition Multisectorally - Jim Levinson - 11.26.13*, with 37 views and 92 loads.
- 24 news stories posted.
- 605 documents uploaded to the site.
- Total visits to website: 38,815, a 174% increase from PY2 (14,148 total visits) - of these visitors, 20,360 (53%) were new and 18,455 (47%) were returning visitors.
- Unique visitors: 20,720 (53% of total visits were unique visitors). 'Unique visitors' is the number of unduplicated (counted only once) visitors.
- Average number of pages visited: 2.5
- Average visit duration: 03:38

Table 1. Visits by quarter:

	Visits	Unique Visits	# Pages Visited	Avg. Visit Duration	Bounce Rate
Q1	5,294	3,010	10,876	04:21	45%
Q2	8,222	4,811	15,860	03:25	49%
Q3	12,643	7,289	30,094	03:18	47%
Q4	12,656	7,169	32,907	03:50	45%

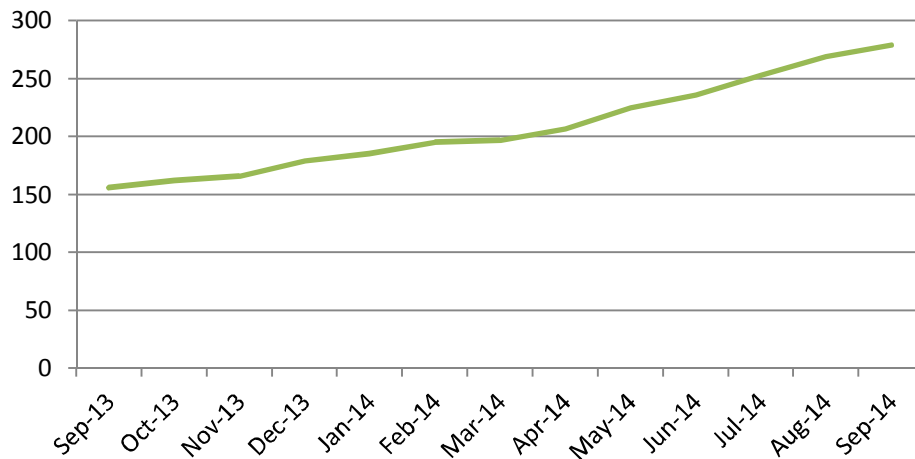
- Geographic Information:
 - People from 182 different countries visited the SPRING website in PY3, most (49%) were from North America, 12% were from Eastern Africa, and 10% were from West Africa.
 - 18,443 (48%) of these visits were from the U.S.
 - The second-highest number of visits came from Ghana, mainly Accra (2,480 visits).
 - After Ghana, the most visits came from Bangladesh, Uganda, India and the United Kingdom.
- The top sources from which visitors accessed our website were the following:
 - Google.com (37% of total visits)
 - Direct (none) (29% of total visits)
 - Social media (13% of total visits)
 - Email
 - Bing
 - JSl.com
 - Agrilinks.org
- 37% of visitors from social media were new visitors.

- 34,356 out of 38,815 (89%) accessed the site through a desktop computer. 4,459 out of 38,815 (11%) accessed the site via a mobile device or tablet.
- 9,640 documents were downloaded from the SPRING website. The most downloaded document during PY3 was *Leveraging Agriculture for Nutritional Impact through the Feed the Future Initiative: A Landscape Analysis of Activities Across 19 Focus Countries*, with 521 downloads.

FACEBOOK:

By the end of PY3, SPRING had 279 Facebook fans.

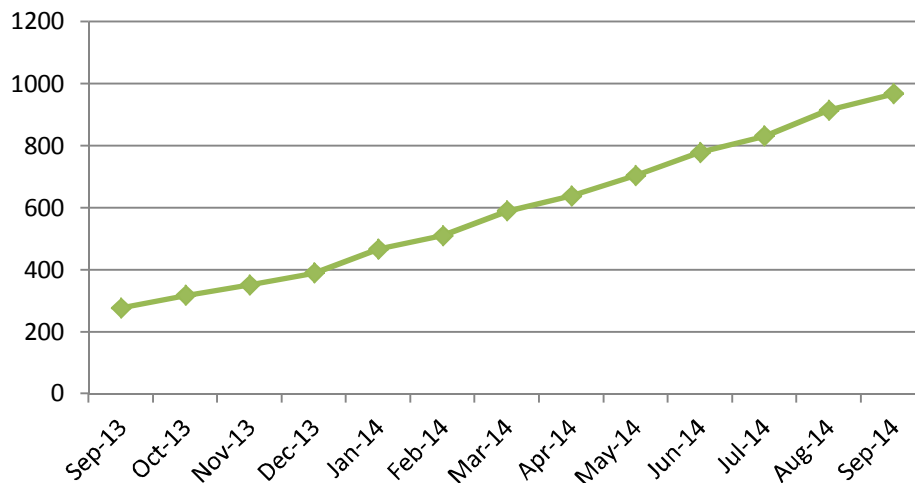
Number SPRING Facebook Fans



TWITTER:

SPRING joined Twitter on February 5, 2013, and by the end of PY3 had 968 followers.

Number of SPRING Twitter Followers



BLOG POSTS:

During PY3, SPRING published eight blog posts:

1. [Webinar to Highlight How Extension, Technology, and Behavior Change Combine to Improve Agriculture and Nutrition](#)
Authors: John Nicholson, SPRING Knowledge Management Manager, JSI Research & Training Institute, and Kristina Beall, SPRING SBCC Project Officer, The Manoff Group
Posted on the USAID Impact Blog
2. [JSI @ APHA 2013: Local Research, Global Impact](#)
Author: Alexis D'Agostino, Monitoring & Evaluation Analyst, the USAID SPRING Project, JSI
Posted on JSI's The Pump
3. [New application of demographic and health survey in nutrition modeling](#)
Author: Alexis D'Agostino, Monitoring & Evaluation Analyst, the USAID SPRING Project, JSI
Posted on JSI's The Pump
4. [Breastfeeding Support in Bangladesh: Close To Mothers](#)
Author: Tonima Sharmin
Posted on the SPRING website
5. [Inspired by World Food Day with a success story from Bhola, Bangladesh](#)
Author: Mohammad Mazharul Islam, SPRING *Upazila* Coordinator, Daulatkhan, Barisal Division
Posted on JSI's The Pump
6. [The Power of Household Consumption and Expenditure Surveys \(HCES\) to Inform Evidence-Based Nutrition Interventions and Policies](#)
Authors: Celeste Sununtnasuk, SPRING Senior Research Assistant, International Food Policy Research Institute Jack Fiedler, SPRING Nutrition Economist, International Food Policy Research Institute
Posted on the USAID Impact blog
7. [Addressing the What, the Who and the Why behind recent reductions in anemia in Uganda: A multisectoral effort to find out](#)
Authors: Manisha Tharaney, SPRING Technical Advisor Micronutrients and Health Systems, Helen Keller International and Alexis Strader, SPRING/Knowledge Management Program Officer, JSI Research & Training Institute, Inc.
Posted on JSI's The Pump blog

WEBINARS:

During PY3, SPRING conducted six webinars:

1. Multisectoral Anemia Partners Meeting Webinar (the live event was webcast as a webinar simultaneously during the event)
Date: Oct. 18, 2013
Total Unique Attendees: 13
2. Digital Green SBCC Approach
Date: December 17, 2013
Total Unique Attendees: 146
3. Women's Empowerment and Men's Engagement: How a Focus on Gender Can Support Agriculture and Nutrition
Date: March 26, 2014
Total Unique Attendees: 139
4. Empowering Women in Agriculture: Strengthening Production and Dietary Diversity to Improve Nutrition
Date: April 30, 2014
Total Unique Attendees: 170
5. Engaging Men and Boys in Food and Nutrition Security: The Hidden Half of Gender Equality Programming
Date: May 29, 2014
Total Unique Attendees: 128
6. Capturing Local Innovation for Change: Tapping into the Wisdom of Positive Deviants to Improve Nutrition
Date: June 25, 2014
Total Unique Attendees: 167

Appendix 1: Supplementary Information on Selected Program Monitoring Indicators (PY3)

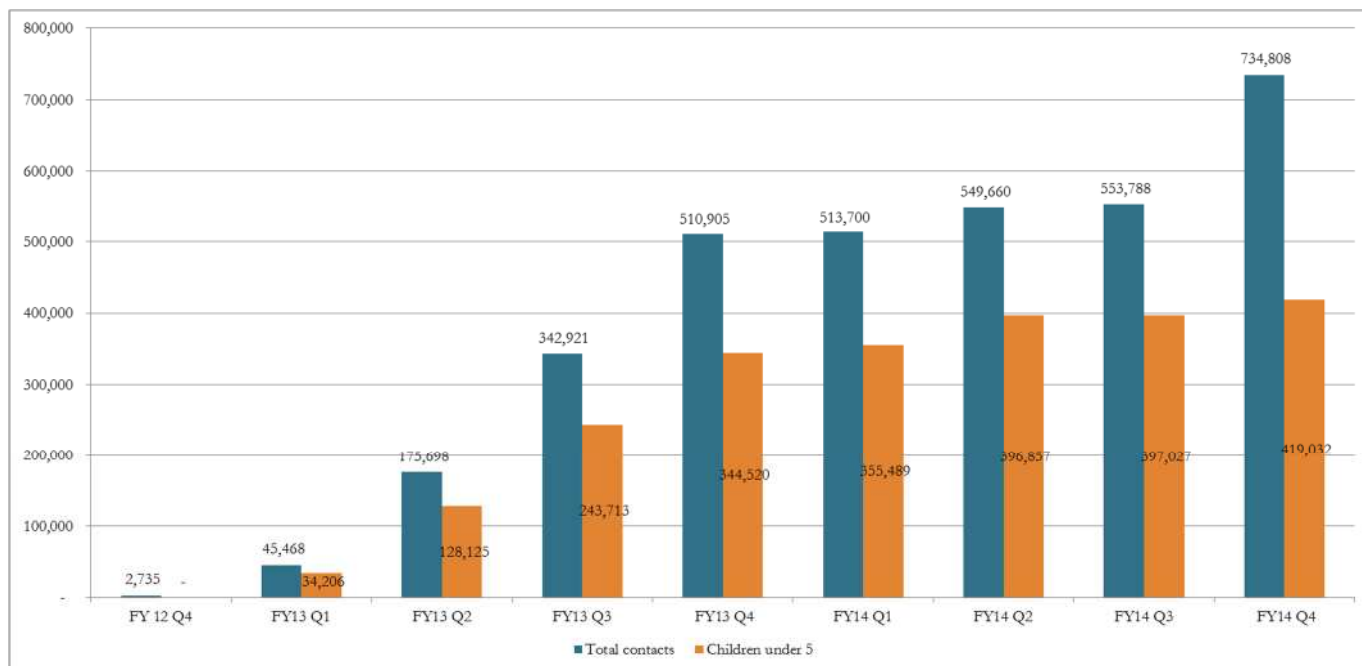
The main indicators for measuring project success are contained in SPRING's Performance Monitoring Plan (PMP), shown in Appendix 2. The PMP, revised since PY2, shows all core indicators, as well as results achieved in PY3, by quarter. It is organized according to the overall project objective and intermediate results (IRs) of SPRING's Results Framework. At the country level, specific indicators depend on the nature of the work within each country. SPRING has developed country-specific PMPs for Bangladesh, Haiti, Nigeria, and Uganda, and draft PMPs for Ghana and Kyrgyz Republic.

As part of overall project learning, SPRING collects, analyzes, and reflects on data for key core and country PMP indicators, on an ongoing basis, to better understand how we are doing as a project, what areas are progressing well, and where we need to improve. To help with this process, SPRING has developed a set of project tracking sheets in Excel to enable staff to track progress and automatically generate tables of key indicators for project reports. During PY3, SPRING made notable progress toward many PMP indicators. The following section highlights progress toward the main core indicators during the year.

PMP INDICATOR 1 AND 1.1.1: NUMBER OF CHILDREN UNDER FIVE AND BENEFICIARIES REACHED BY NUTRITION & SBCC ACTIVITIES

Figure 1 summarizes the number of contacts made with beneficiaries to date, by quarter. Generally, Bangladesh's contacts were through continual contact with farmer nutrition school students throughout the year as well as one-on-one counseling in health facilities. Nigeria recorded beneficiaries through providing community-based counseling during trainings in various states, and holding a market-based community sensitization meeting during World Breastfeeding Week. (However, beneficiaries reached beyond those counseled during trainings were not recorded.) In Uganda, SPRING put on a number of community events for commemorative days (World AIDS Day and World Breastfeeding Week), integration of nutrition into agricultural activities, and for the Great Mothers and Healthy Children Campaign. Additionally, women were reached through one-on-one counseling on IYCF in the context of HIV, IFA compliance, and cooking demonstrations. Finally, SPRING/Uganda supported nutritional assessment and counseling during health facility contacts, constituting the largest proportion of people reached in the country. In Q4, SPRING/Uganda expanded the facilities in which nutrition assessment and counseling was performed and the number reached increased as a result. However, data by age is not yet available so the Q4 figure for children under five reached is an underestimate.

Figure 1. Number of contacts through outreach activities conducted by SPRING and proportion of population living in target areas reached, by quarter



PMP INDICATOR 1.1: COUNTRY & REGION-SPECIFIC SITUATIONAL/LANDSCAPE ANALYSES CARRIED OUT BY SPRING

Three landscape analyses were carried out in this project year. The first, submitted in Q2, reviewed Uganda's progress on anemia and anemia-related programming. The second described SBCC-related activities in the Sahel region. The third was a review of anemia levels and anemia-related programming and policies in Ghana, which is expected to be completed in Q1 of PY4. All three will assist in the formulation and direction of forthcoming SPRING activities.

PMP INDICATOR 1.2: PEOPLE TRAINED IN CHILD HEALTH AND NUTRITION THROUGH USG-SUPPORTED HEALTH AREA PROGRAMS

Figure 2 displays the number of trainings conducted in the four countries where SPRING has offices. In contrast to PY2, SPRING/Bangladesh chose to focus on refresher trainings in PY3, and thus conducted fewer trainings overall. However, all other countries maintained or increased the number of trainings they conducted. Topics covered included SBCC, IYCF, NACS, WASH/EHA, and general monitoring and evaluation of programs. Also in the last quarter of PY3, five training sessions were carried out by the Uganda team on NACS and basic health package implementation, at the health facility and the community level.

Figure 2. Number of trainings conducted in PY3 by quarter and country

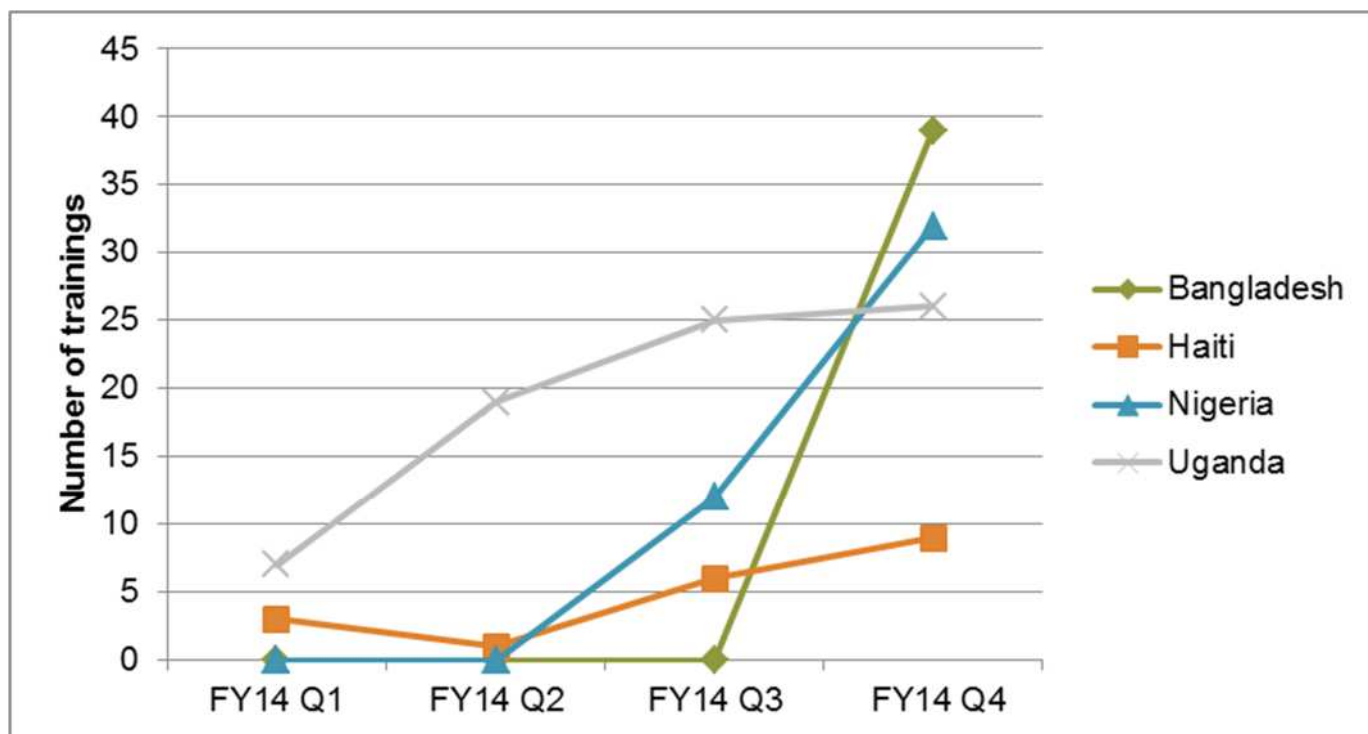
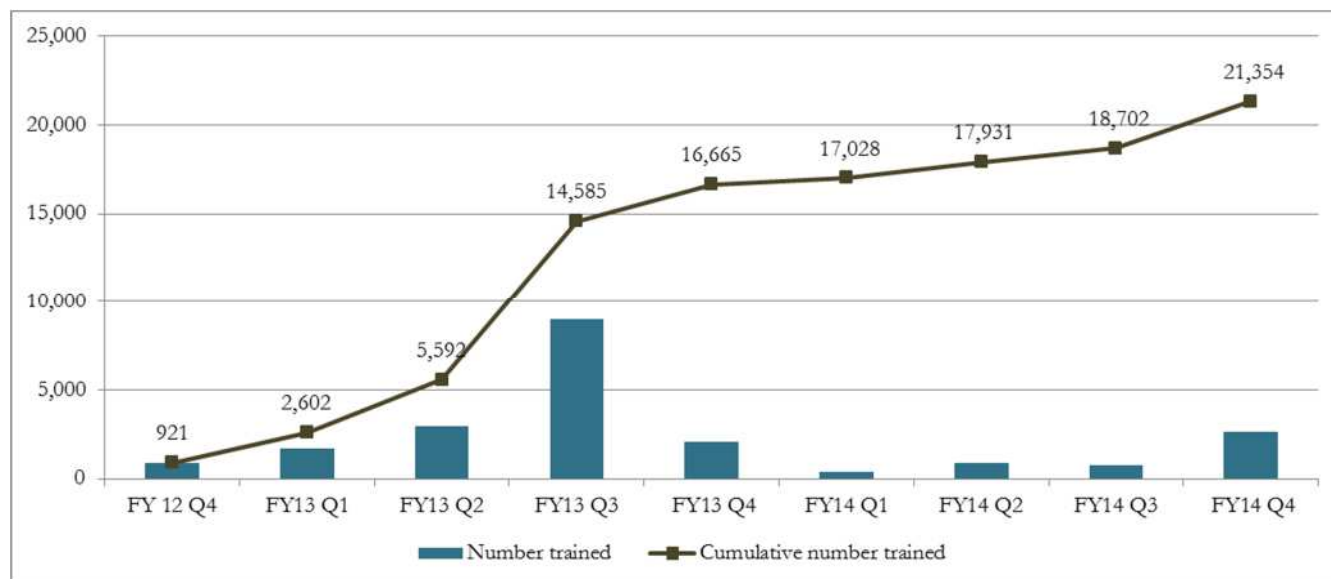


Figure 3 displays the number of people trained in each quarter since trainings commenced in Q4 of the first project year. The spike in Q3 of the second project year is due to Bangladesh, where a large push for cascade trainings on ENA/EHA were conducted for frontline health workers. Overall, in PY3, SPRING trained 4,789 people, through 176 trainings.

Figure 3. Number of people trained by SPRING to date



PMP INDICATOR 1.3 AND 1.4: NUMBER OF SERVICE SITES AND INSTITUTIONS REACHED WITH SPRING SUPPORT

Table 1 shows the number of facilities or service sites receiving SPRING support over the three project years. All four SPRING countries increased the number of facilities reached in each project year to date. Nigeria did so through support to mother's groups in addition to health facilities, and all four countries expanded the geographic catchment areas where they provided health facility support. Bangladesh's figures, by far the largest, include both health facilities and farmer field schools. Figure 4 and

Table describe support to institutions over the course of the three years and detail the institutions supported in PY3, respectively.

Table 1. Number of facilities or service sites receiving SPRING support, PY1-PY3

Country	PY1	PY2	PY3
Bangladesh	0	3,283	5,189
Haiti	3	5	12
Nigeria	0	30	349
Uganda	0	48	51

Figure 4. Number of institutions reached by SPRING country, PY1-PY3

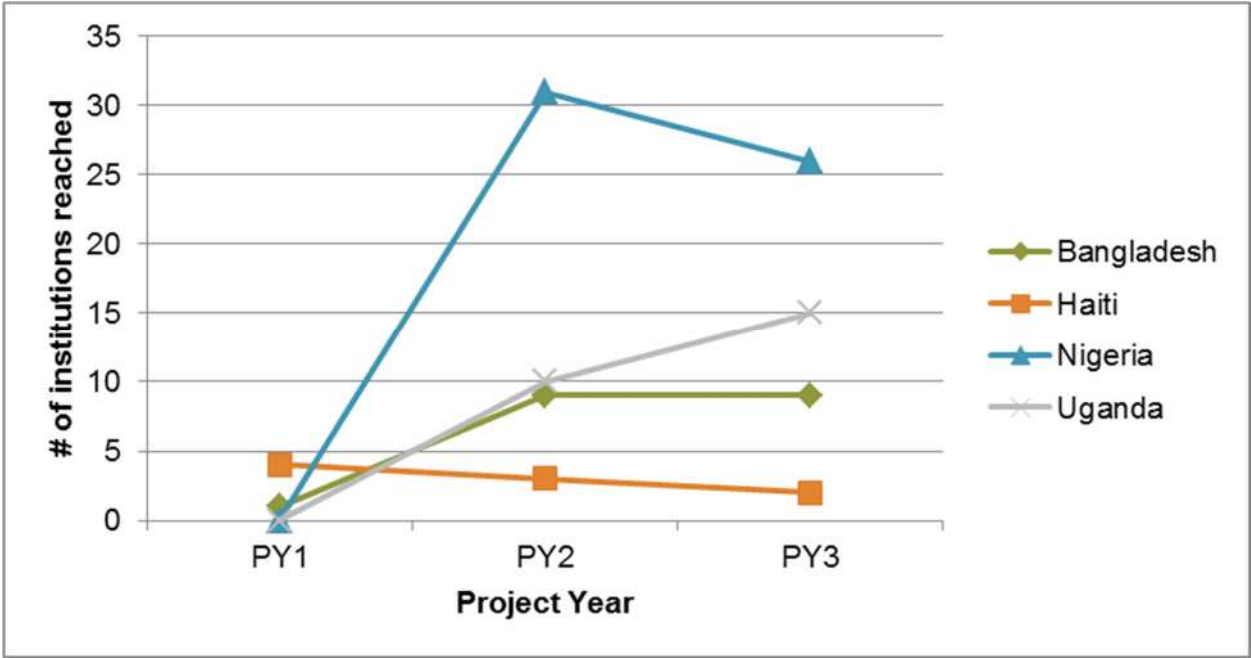


Table 2. Institutions receiving support from SPRING country activities in PY3

COUNTRY	INSTITUTIONS (GOVERNMENT OR NGO) RECEIVING SPRING SUPPORT	DESCRIPTION OF ACTIVITIES
Bangladesh	Directorate General of Health Services	Trained community health care providers (CHCPs) and health assistants (HAs).
Bangladesh	Directorate General of Family Planning	Trained family welfare assistants (FWAs) within the DGFP.
Bangladesh	Directorate of Agriculture Extension	Integrated and scaled-up ENHA with the MOA in Barisal and Khulna divisions and enhanced the capacity of frontline agriculture workers within the MOA, field facilitators, and community groups to deliver quality counseling on ENHA for PLW and children under two years.
Bangladesh	Agriculture Information Services	Developed suitable nutrition messages appropriate for SMS and short slots for television, radio and print; explored the learning opportunities from using AIS media to identify appropriate messaging for male members (farmers) of the households and their receptiveness to nutrition messaging. Additionally, provided training to AIS community club members to counsel other community members on ENHA during their regular activities, like meetings, courtyard sessions, and household visits.
Bangladesh	National Nutrition Strategy/Revitalization of Community Clinic Health Care Initiatives in Bangladesh	As a country-owned program, all of SPRING's activities are aligned with the GOB through the National Nutrition Strategy (NNS), the Revitalization of Community Clinic Health Care Initiatives in Bangladesh (RCHCIB) under the Directorate General of Health Services (DGHS), and the Directorate General of Family Planning (DGFP) for sustainability so the changes are institutionalized (all stakeholders will actively participate in planning, implementing, monitoring and evaluating). SPRING and the trained master trainers within the MOHFW are conducting monthly supportive supervision meetings and joint home visits with trained frontline health workers.
Bangladesh	AIN	Provided TA for adding ENHA sessions into the current training curriculum used by the USAID Aquaculture Project. The two projects will also jointly adapt quality improvement tools used in routine monitoring to assess the effectiveness of job aids, training and levels of uptake of nutrition, hygiene and homestead food production messages among SPRING beneficiaries and USAID Aquaculture Project volunteers. The two projects have planned to support each other by providing TA as needed.
Bangladesh	WASHplus	Worked with SPRING staff to build capacity on WASH-related modules, including the maintenance of sanitation hardware and ensuring water quality. Where feasible, beneficiaries were co-targeted with SPRING, providing households with better sanitation and higher water quality. WASHplus also provided technical support on WASH-related content upon request and as mutually agreed with SPRING staff for farmer field schools programs.

COUNTRY	INSTITUTIONS (GOVERNMENT OR NGO) RECEIVING SPRING SUPPORT	DESCRIPTION OF ACTIVITIES
Bangladesh	Sisimpur	Discussed partnering on the production of national educational segments based on the SPRING ENA/EHA approach, specifically with regards to homestead food production, handwashing (tippy-taps) and dietary diversity.
Bangladesh	Alive & Thrive/Shikha	Regularly meets with the project to ensure close collaboration/coordination on ENHA, securing TA as needed.
Haiti	MSPP	Supported health facilities under this ministry; distributed revised IYCF cards.
Haiti	Nutrition Security Program (NSP) from POA	Supported NSP in the planning and during the actual 5-day TOT for their Artibonite and West departmental staff.
Nigeria	State Ministries of Health for: <ul style="list-style-type: none"> • Oyo • Ondo • Osun • Ogun • Lagos • Ekiti 	Disseminated and shared IYCF training packages with representatives from these State Ministries of Health during the MNCHW Partners Review and Planning Meeting in Ibadan in Q1.
Nigeria	<ul style="list-style-type: none"> • Federal Ministry of Women Affairs and Social Development • Federal Ministry of Health • State Ministries of Health and Ministries of Women's Affairs of: <ul style="list-style-type: none"> ○ Benue ○ Edo ○ Bauchi ○ Kaduna • FCT Social Development Secretariat • State Primary Health Care Development Board of: <ul style="list-style-type: none"> ○ FCT ○ Bauchi • Bauchi State Agriculture Development Program • Edo State Ministry of Agriculture and Natural Resources • FCT Department of Agriculture • SMILE Project • STEER Project • FHI360 • Center for Integrated Health Programme (CIHP) 	Conducted orientation and mentoring on the IYCF Strategy.

COUNTRY	INSTITUTIONS (GOVERNMENT OR NGO) RECEIVING SPRING SUPPORT	DESCRIPTION OF ACTIVITIES
Uganda	District local governments of: <ul style="list-style-type: none"> • Ntungamo • Kisoro • Namutumba • Bushenyi • Mbarara • Ibanda • Kabale • Kanungu • Rukungiri • Sheema 	Conducted routine mentorship and coaching for health workers, participated in district planning meetings in Ntungamo, Kisoro, and Kabale districts, and participated in Strengthening Decentralization for Sustainability (SDS) meetings to review progress made on planned activities for the previous quarters and planned activities for the next quarter. SPRING also participated in district health management meetings organized by the districts.
Uganda	Ministry of Health	Supported meetings on industrialization of fortification, anemia workshop, and National Anemia Working Group. To improve on participation of different institutions in NWGFF activities, SPRING supported MOH-conducted institutional visits to sensitize them on industrial fortification activities and the need for them to actively engage.
Uganda	Office of the Prime Minister	Supported the Nutrition Forum and continuity of district nutrition coordination activities at district level.
Uganda	Uganda Bureau of Standards	Supported a meeting for industries aimed at improved reporting by UNBS for GMP, QA/QC, and also training industries on good manufacturing practices, dosing, verification and calibration in Q1. In Q2, supported inspection visits for mandatory fortification. In Q3, supported quarterly supervision visits of 13 wheat, 5 oil, and 2 maize producers.
Uganda	Ministry of Trade, Industry, and Cooperatives (MTIC)	Provided technical and logistical support to food fortification and anemia activities through various working groups.
Uganda	Private Sector Foundation Uganda (PSFU)	Supported the sensitization of small-scale industries on small scale fortification.

PMP INDICATOR 1.5: NUMBER OF HEALTH FACILITIES WITH ESTABLISHED CAPACITY TO MANAGE ACUTE UNDERNUTRITION

SPRING considers capacity to be “established” for management of acute malnutrition if at least one person successfully completed a training on the topic and/or an assessment demonstrated adequate capacity to manage acute malnutrition according to desired performance criteria. Fifty-one health facilities in Uganda and 11 in Haiti met this definition in PY3 through successful completion of NACS training (which includes a module on management of acute malnutrition).

PMP INDICATOR 1.6: INSTANCES OF TECHNICAL ASSISTANCE PROVIDED TO SPRING-SUPPORTED COUNTRIES

Technical assistance is defined as support provided by SPRING (including SPRING staff and consultants) to country programs during temporary duty assignments. Appendix 3 provides details of each temporary duty trip conducted in PY3 and denotes whether each trip included TA. Overall, in PY3, SPRING provided 70 instances of TA, a considerable increase from the previous year (45). In addition to assistance with country work planning and office

operations, TA in PY3 included assistance with the Government of Uganda’s National Nutrition SBCC and Advocacy Strategy, convening stakeholders to plan for the roll-out of the Facility- and Community-IYCF package in five Nigerian states, to support the production of Digital Green and SPRING collaboration videos, and review anemia-related programming and policies in Sierra Leone.

PMP INDICATOR 1.3.1 - 1.3.2: PERCENT OF GEOGRAPHIC UNITS IN THE COUNTRY REACHED BY SPRING ACTIVITIES

The tables below outline the reach and coverage of SPRING activities in any SPRING countries where programming took place. Table 1. Geographic coverage of SPRING country activities in PY3 shows the number of geographic units (i.e. *upazilas*, departments, LGAs, districts) where SPRING operates versus targets and the total number of such units in the country. Compared with PY2, Bangladesh and Uganda reached the same geographic units whereas Haiti and Nigeria covered two more departments and 16 more LGAs, respectively.

Table 1. Geographic coverage of SPRING country activities in PY3

COUNTRY	NUMBER TARGETED FOR THE CURRENT FISCAL YEAR	NUMBER IN COUNTRY	TOTAL NUMBER OF UNIQUE GEOGRAPHIC UNITS REACHED IN FISCAL YEAR	NUMBER REACHED IN YEAR AS A PERCENT OF NUMBER...	
				TARGETED IN PY	IN COUNTRY
Bangladesh (<i>upazilas</i>)	40	486	40	100%	8%
Haiti (departments)	5	10	5	100%	50%
Nigeria (LGAs)	20	774	23	100%	3%
Uganda (districts)	10	112	10	100%	9%

PMP INDICATOR 2.1: NUMBER OF DISSEMINATION ACTIVITIES SUPPORTED BY SPRING

SPRING defines support of a dissemination activity as either posting a SPRING webpage or presenting at/ organizing a high-level meeting. Throughout the year, SPRING supported a total of 133 dissemination activities. In addition to the meetings listed in Table 4, a number of additions were made to the SPRING website. Many of these documents are listed in Table 4. Other web pages include the Agriculture-Nutrition Resource Roundup (updated monthly) and posting of relevant news items such as the release of USAID’s Multi-Sectoral Nutrition Strategy.

NUMBER OF COUNTRY, REGIONAL, AND GLOBAL MEETINGS CONDUCTED OR ATTENDED (PMP INDICATOR 2.1.1)

SPRING attended 37 high-level meetings over PY3, 11 of which SPRING hosted and 14 of which SPRING staff presented. Notably, SPRING was well represented at the Micronutrient Forum and hosted several webinars on

agriculture-nutrition. Table 4 provides additional information on the meetings that were hosted by SPRING or where SPRING staff made presentations.

Table 2. Meetings hosted by SPRING or where SPRING made presentations in PY3

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
6/2/2014	6/6/2014	The 3rd Micronutrient Forum Global Conference 2014	Anuradha Narayan, Agnes Guyon, Lidan Du, Jack Fiedler, Celeste Sununtnasuk, Abel Muzoora	No	Yes	The theme of the Micronutrient Forum 2014 was ~building bridges' with an emphasis on bridging scientific advances and multisectoral programming needs to ensure adequate micronutrient intake and status across the lifecycle. SPRING was engaged in the development and selection of the Track 3 sessions Bridging the Gaps between Evidence and Implementation," including two sponsored symposia on HCES and Anemia, presentations during the concurrent sessions, and poster presentations.
5/19/2014	5/21/2014	Feed the Future Global Forum	Heather Danton, Carolyn Hart	No	Yes	The Feed the Future Global Forum was a three day event that brought together Mission directors and staff to learn about and contribute to the Bureau for Food Security's Progress under the Feed the Future Initiative. The primary objective of the conference was for US government staff and its many FTF partners to share ideas, discuss best practices and build upon a common vision toward ending global hunger, poverty and undernutrition.
5/10/2014	5/11/2014	Fifth Annual CUGH Conference	Kristen Kappos	No	Yes	Kristen Kappos presented a poster presentation on LQAS sampling methods at the Fifth Annual CUGH Conference held in Washington, DC in May 2014. The poster presentation highlighted methods from a study conducted in Uganda.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
5/7/2014	5/9/2014	CORE Group Global Health Practitioner Conference	Peggy Koniz-Booher	No	Yes	The CORE Group Spring 2014 Global Health Practitioner Conference's theme was Health for All Starts in the Community. The Conference brought together representatives of CORE Group Member and Associate Organizations and other community-focused global health practitioners, policy makers, researchers, private sector partners and donors to share specific tools and strategies to accelerate progress toward universal health coverage with a focus on partnership, equity, community health, and civil society engagement.
5/7/2014	5/7/2014	Linking Agriculture and Nutrition - Value Chains and Integration	Aaron Buchsbaum	Yes	No	Aaron Buchsbaum (SPRING) and Jody Harris (IFPRI) presented on qualitative research findings, based on a study around integration processes in a homestead food production projected conducted by HKI in Burkina Faso.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
3/27/2014	3/27/2014	Ag2Nut-FSIN Community Call: What is Needed for Global Monitoring of Access to Adequate Food? (Part II)	Aaron Buchsbaum, Sarah Titus	Yes	No	On March 23, 2014, the Ag2Nut Community of Practice and Food Security Information Network (FSIN) continued its discussion on what is needed for global monitoring of adequate food, focused on the need for appropriate indicators of adequate nutritious food, as well as some current efforts to develop such indicators. This call picked up where the conversation left off on the February call: identifying efforts to develop and use indicators on this topic. This included a presentation on a framework to categorize indicators, soliciting input from participants, which is available as a living document through the link below. The discussion was intended to help align understanding of the ways adequate nutritious food could be measured to feed into other relevant conversations, such as those about the post-MDGs, the FSIN technical working group, the FAO suite of food security indicators, and the ICN2 accountability framework, for example.
3/26/2014	3/26/2014	WEBINAR: Empowering Women in Agriculture: Maximizing Nutrition Gain	Aaron Buchsbaum, Sarah Titus	Yes	No	TOPS, SPRING, and USAID kicked off the first event in its webinar series, Women's Empowerment and Men's Engagement: How a Focus on Gender Can Support Agriculture and Nutrition, with a presentation by Anna Herforth, Consultant, on the three interrelated gender pathways to improved nutrition. Gender Advisor, Sylvia Cabus from BFS discussed the links back to USAID's gender initiatives, followed by a discussion based on participants' experience.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
3/20/2014	3/20/2014	SPRING Desk Brief Launch	Heather Danton, Alyssa Klein, Sarah Titus, Anu Narayan, Lidan Du, John Nicholson, Sam Clark	No	Yes	SPRING presented their brief series on agriculture - nutrition linkages at USAID Washington. This series begins with one brief that elaborates and updates thinking on the pathways from agriculture to nutrition and follows with three additional briefs that illustrate current approaches taken from the global Feed the Future portfolio.
2/27/2014	2/27/2014	Ag2Nut Community Call: What is Needed for Global Monitoring of Access to Adequate Nutritious Food?	John Nicholson, Aaron Buchsbaum, Sarah Titus	Yes	No	On February 27th, 2014, SPRING hosted the February Ag2Nut Community Call, co-sponsored with the FSIN. The discussion followed up on an area of mutual interest among SPRING, Ag2Nut, and FSIN.
2/9/2014	2/11/2014	Workshop on the National Communication Strategy for the UNAP	Ashley Aakesson, Marcia Griffiths, Margaret Kyenkya, Kenneth Mulondo, Abel Muzoora, Grace Namazzi	No	Yes	SPRING supported the OPM to host a meeting of the National Strategy development partners: SPRING, FANTA 3, and UNICEF. REACH also participated in the meeting. Workshop objectives were to: review all three sub-strategies, with a focus on the SBCC sub-strategy and Social Change and Social Mobilization sub-strategy, give feedback on all three sub-strategies; agree on a work plan for integrating the three sub-strategies and finalizing and launching the National SBCC and Advocacy Strategy; agree on selected priority activities for immediate implementation; and agree on a terms of reference for the proposed Nutrition Communications and Advocacy Task Force.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
1/21/2014	1/21/2014	Ag2Nut Community Call: Introducing the Food Security Information Network	John Nicholson, Aaron Buchsbaum	Yes	No	The January 21st, 2014, Ag2Nut Community of Practice call focused on current activities of the global FSIN, a collaborative effort between the FAO, IFPRI, and WFP, with support from the European Union (EU) and USAID.
12/17/2013	12/17/2013	WEBINAR; Seeds of Change: Leveraging Community Video for Agriculture and Nutrition Behavior Change in South Asia and Sub-Saharan Africa	Kristina Beall, John Nicholson, Peggy Koniz-Booher, Aaron Buchsbaum, Alexis Strader, Carolyn Hart, Sam Clark, Lidan Du, Anu Narayan, Ashley Aakesson.	Yes	No	A webinar hosted on Dec 17th to learn more about the Digital Green community-led video approach, and how nutrition can be integrated into this unique agricultural extension platform.
12/11/2013	12/13/2013	Tajikistan Communications Workshop	Alyssa Klein, Judiann McNulty (Consultant)	Yes	Yes	A workshop for Mission and Feed the Future implementing partner staff to consider how their projects could better communicate with beneficiaries, each other, funders, and the government and how they could better work together to improve communications strategies and reach goals. Participants learned about the difference between communications for change and communications for public relations and how to go about designing a communications strategy for their projects.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
11/18/2013	11/20/2013	Food Security and Nutrition (FSN) Network Regional Knowledge Sharing Meeting	Sarah Titus, Peggy Koniz-Booher	No	Yes	The goal of the meeting was to support the TOPS community of practice by providing opportunities for food security practitioners to identify needs, build collaboration, and create mechanisms for continued communication and learning. The primary theme of the three-day meeting in Ouagadougou was resilience – the ability of vulnerable peoples to survive shocks, recover, and continue to thrive. Ms. Titus presented on SPRING's approach to integrating agriculture and nutrition using the key programming principles and agriculture-nutrition pathways framework.
11/13/2013	11/15/2013	Second International Conference on Nutrition (ICN2)	Heather Danton	No	Yes	The goal of this two-day forum is to set objectives of the ICN2, a high-level ministerial conference which will propose a flexible policy framework to address today's major nutrition challenges and identify priorities for enhanced international cooperation on nutrition.
11/3/2013	11/6/2013	American Public Health Association (APHA) Conference	Alexis D'Agostino, Manisha Tharaney, Timothy Williams	No	Yes	Alexis D'Agostino and Manisha Tharaney presented SPRING work at the annual APHA conference. The presentations covered SPRING's work in IFA system analysis and workforce analysis, respectively.
10/31/2013	10/31/2013	UNICEF Meeting on Breastfeeding Advocacy Initiative	Toby Stillman, Peggy Koniz-Booher, Kristina Beall, Anu Narayan, Sascha Lamstein, Ashley Aakesson, Bridget Rogers	Yes	No	UNICEF came to SPRING to present their Breastfeeding Advocacy Initiative and request support from SPRING.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
10/22 /2013	10/ 22/ 2013	MIYCN-FP Working Group Meeting	Kristina Beall, Peggy Koniz-Booher, Agnes Guyon	Yes	Yes	Regular meeting of the MIYCN-FP Working group co-chaired by SPRING and MCHIP, including representatives from about 20 organizations working at the intersection of nutrition and family planning.
10/16 /2013	10/ 19/ 2013	American Evaluation Association (AEA) Conference	Alexis D'Agostino	No	Yes	Alexis D'Agostino presented a poster on use of the DHS reproductive calendar to estimate the effect of family planning use on birth spacing in Bangladesh at the annual AEA conference meeting.
10/18 /2013	10/ 18/ 2013	Multisectoral Anemia Partners Meeting	Manisha Tharaney, Jessica Tilahun, Jolene Wun, Samantha Clark, Sarah Thornton, Ryan Macabasco, Daniel Cothran	Yes	Yes	SPRING, in collaboration with the USAID-led Multisectoral Anemia Task Force Secretariat, hosted a Multisectoral Anemia Partners Meeting designed to bring together practitioners, partners, and government representatives to identify ways to work together across sectors within countries to address the multiple causes of maternal and child anemia. The meeting gave 75 participants a way to discuss the latest updates in anemia, fostering collaboration and coordination, and informing specific scale up strategies in targeted geographical areas.

START	END	MEETING NAME	SPRING MEMBERS IN ATTENDANCE	SPRING HOSTED	SPRING PRESENTED	DESCRIPTION
10/2/2013	10/3/2013	Uganda National Anemia Stakeholders Meeting	Manisha Tharaney, Jack Fiedler, Jolene Wun	Yes	Yes	This meeting was held to discuss and develop consensus around the factors that contributed to the reduction in anemia prevalence since 2006. SPRING presented secondary analyses of the Uganda DHS and the Uganda National Panel Survey, focused on changes in in maternal and child health seeking behaviors around antenatal care, malaria prevention, and complementary feeding. The meeting drew 110 participants from a wide range of stakeholders, including Ugandan national ministry and district-level representatives; USG implementing partners, and civil society. By the end of the meeting, a sector-by-sector action plan identifying the priority actions that should be taken to reduce anemia was developed.

PMP INDICATOR 2.1.2: NUMBER OF NETWORKS OR COMMUNITY OF PRACTICE GROUPS THAT SPRING LEADS OR PARTICIPATES IN

SPRING/Home Office continues to participate in networks/communities of practice groups involved in undernutrition efforts. For PY3, SPRING participated in 25 such groups.

Table 3 denotes network/COP participation by quarter.

Table 3. SPRING participation in network and community of practice groups, by quarter

<u>NAME OF NETWORK</u>	<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>
1000 Days Advocacy Group	Yes	Yes	Yes	Yes
Agriculture-Nutrition Community of Practice	Yes	Yes	Yes	Yes
Anemia Task Force	Yes	Yes	Yes	Yes
Bread for the World Movement	Yes	Yes	Yes	Yes
CORE Group Nutrition Working Group	Yes	Yes	Yes	Yes
CORE Group SBCC Working Group	Yes	Yes	Yes	Yes
FAO: Global Forum on Food Security and Nutrition	Yes	Yes	Yes	Yes
FSN Network -- Nutrition and Agriculture Linkages in Africa Network	Yes	Yes	Yes	Yes
FSN Network – Knowledge Management Task Force	Yes	Yes	Yes	Yes
FSN Network – Social & Behavioral Change (SBC) Task Force	Yes	Yes	Yes	Yes
IATT Working Group on Infant and Child Survival	Yes	Yes	Yes	Yes
Lancet series	Yes	Yes	Yes	Yes
MIYCN-FP Technical Working Group	Yes	Yes	Yes	Yes
mHealth Technical Working Group	Yes	Yes	Yes	Yes
mHealth Working Group (interagency)	Yes	Yes	Yes	Yes
Nexus between WASH, Nutrition, and Feed the Future Community of Practice	Yes	Yes	Yes	Yes
NYAS nutrition research agenda working group - delivery science focus area	Yes	Yes	Yes	No
Partnership for HIV-Free Survival (PHFS)	Yes	Yes	Yes	Yes
Secure Nutrition	Yes	Yes	Yes	Yes
Social Media Interagency Working Group	Yes	Yes	Yes	Yes
TOPS Food Security and Nutrition (FSN) Network	Yes	Yes	Yes	Yes
USAID Bureau for Food Security (BFS) Agrilinks Knowledge Sharing Platform	Yes	Yes	Yes	Yes
USAID: FOSTER	Yes	Yes	Yes	Yes
HIPNET Health Information Professionals Network	No	No	Yes	Yes
Global Health Knowledge Collaborative	No	No	Yes	Yes

PMP INDICATOR 2.2.1: RESEARCH AND EVALUATION ACTIVITIES CONDUCTED BY SPRING

30 research/evaluation activities were underway or completed in PY3. Although the bulk of these activities were conducted with core funds, some notable activities were conducted through SPRING country offices as well.

- Landscape analysis of anemia and anemia programs among women of reproductive age and children in Uganda
- Formative research on contextual elements contributing to MNP acceptability and usage in Uganda
- Landscape analysis of anemia and anemia programs among women of reproductive age and children in Uganda
- Multi-country analysis of IFA provision and consumption across high-burden countries
- Analysis of nutrient intake and primary sources of micronutrients in Nigerian households
- Analysis of nutrient intake and primary sources of micronutrients in Ugandan households
- Analysis of nutrient intake and primary sources of micronutrients in Bangladesh households
- Simulation model estimating the potential impact of vitamin A-fortified vegetable oil in Bangladesh
- 100 country analysis of household consumption and expenditure surveys to improve reliability and relevance of survey questions for nutrition programming
- Digital Green Feasibility Study in India
- Evaluation of the UNICEF Community-IYCF package in Nigeria
- SBCC Literature Review on platforms for increasing high-impact MIYCN practices
- Review of programmatic and published literature related to adolescent and maternal diet (2.1.4)
- Literature review and qualitative research on SBCC approaches for nutrition-sensitive behaviors (4.1.1)
- Process review of the use of agriculture extension agents to promote nutrition in Ethiopia within three FtF activities
- Qualitative study on cross-sector coordination in implementing agriculture/nutrition projects in Burkina Faso
- Review of policies and strategies that can be leveraged in agriculture and health systems to maximize impact on nutrition
- Literature review of impact of early-life conditions on later-life diabetes
- Operations research to evaluate a new approach to improve nutrition workforce capacity in Haiti
- Qualitative, interview-based study on programmatic experiences with scale-up of nutrition interventions
- Analysis and documentation country-level efforts to reduce undernutrition over time ("Pathways to Better Nutrition" Case Studies)
- Qualitative research on FTF success stories along the agriculture-nutrition pathway in Guatemala
- Qualitative research on the role of increased income and women's empowerment on nutrition in FtF activities in Rwanda
- Desk review of lessons learned from FTF projects on agriculture-nutrition pathways

- Baseline assessment of phase II PHFS facilities (Uganda)
- Baseline household survey in SPRING upazilas (Bangladesh)
- Tippy tap research in Khulna and Barisal (Bangladesh)
- Operation Big Ears: Listening to the hearts and minds of Uganda community members, district, sub county and facility leaders regarding sprinkles (Uganda)
- Facility auditing and monitoring the intergration of NACS into routine health care (Uganda)
- Household survey using the LQAS methodology to monitor the uptake of high impact nutrition prcatices at community level (Uganda)

PMP INDICATOR 2.2.2: STANDARD NUTRITION METRICS IMPROVED BASED ON SPRING INPUTS

SPRING/Uganda worked with the Ugandan MOH to identify, define, and finalize NACS indicators for inclusion in its HMIS during PY2. These indicators included receiving NACS, appropriate treatment of acute malnutrition among HIV-positive children, and exclusive breastfeeding. In PY3, these indicators were incorporated into official versions, and SPRING assisted with the printing of the forms and basic training on using them.

PMP INDICATOR 2.2.3: DOCUMENTS (REPORTS, TOOLS, STATEMENTS) PRODUCED BY SPRING

Table 6 displays the documents submitted to USAID and finalized over the course of PY3. They include SPRING deliverables, promotional and informational materials produced by SPRING’s KM division, and presentations for various fora. In PY3, a total of 68 documents were submitted to USAID and 69 were finalized. (If a document was submitted and finalized in PY3, it appears in Table 6 only once, under “Finalized (and posted to SPRING website, if applicable)”.

Table 4. Documents submitted to USAID and finalized

DOCUMENT AUTHOR(S)	DELIVERABLE TITLE	TYPE
Submitted to USAID		
Peggy Koniz-Booher, Kristina Beall, Sascha Lamstein, Toby Stillman	Side-by-Side Summary of Two “Packages” for Community-Based Infant and Young Child Feeding Counseling	Informational product
SPRING	Digital Green Progress Report	Briefs/other report
Andrea Spray, Daniel Cothran, Mike Frost, and Kristina Beall	mNutrition Strategy	Strategy document
Manisha Tharaney, Meghan Anson, Riitta-Liisa Kolehmainen-Aitken	Workforce Mapping Tool	Tools
Amanda Pomeroy, Marc Cunningham, Alexis D’Agostino, Warren Stevens, and Jolene Wun	Phase 1 Report of the Early Life Nutrition Linkages to NCD Model	Research report

DOCUMENT AUTHOR(S)	DELIVERABLE TITLE	TYPE
Peggy Koniz-Booher, Kristina Beall	Social and Behavior Change Communication Pathways for Maternal, Infant, and Young Child Nutrition Practices	Briefs/other report
SPRING	Addendum to the Nutrition SBCC eLearning Landscape Report	Briefs/other report
SBCC Team	Nutrition SBCC eLearning Curriculum Concepts Brief	Briefs/other report
Lamstein, Sascha, Peggy Koniz-Booher, Kristina Beall, and Ashley Aakesson	Agriculture and Nutrition Global Learning and Evidence Exchange (AgN-GLEE) Final Report	Briefs/other report
SPRING	SPRING PY2 Annual Report	Briefs/other report
Alexis D'Agostino	Using the DHS Reproductive Calendar to Estimate the Effect of Family Planning Use on Birth Weight	Presentation
Manisha Tharaney	Building on Uganda's Progress in Reducing Anemia: From Evidence to Action	Presentation
Sascha Lamstein, Simon Sadler, Timothy Williams, Manisha Tharaney, Kristen Kappos, Peggy Koniz-Booher, Toby Stillman	Toolkit for Evaluating Capacity for and Implementation of Nutrition Assessment, Counseling, and Support Services at Health Facilities Part I: Introduction, Background and General Guidance on Priority Measurement Points for NACS Part II: Tools for the NACS Health Facility Assessment	Tools
Jack Fiedler, Deepali Godha, Manisha Tharaney, Jolene Wun and Sarah Ngalombi	Building on Uganda's Progress in Reducing Anemia: Examining the Role of Increased Care-Seeking, Service Provision and Improved Health-Related Behaviors	Technical Report
Jolene Wun, Nancy Adero, Sarah Ngalombi, Manisha Tharaney	The Anemia Action Plan: A Multisectoral Response to Anemia in Uganda	Technical Report
SPRING	The Uganda Anemia Action Plan: Progress Report	Progress Report
Celeste Sununtnasuk, Alexis D'Agostino, Jack Fiedler	Iron-Folic Acid Distribution and Consumption through Antenatal Care: Identifying Barriers across Countries using an Analytic Process	Journal Article
SPRING	National Anemia Profiles (20)	Technical Brief
SPRING	MNF Satellite Symposium Workshop Report	Workshop Report
SPRING	CORE Group Anemia Consultation Workshop Report	Workshop Report
Suneetha Kadiyala, Terry Roopnaraine, Amy Margolies, Shruthi Cyriac, Andy Jones, Laura Miller, Development Corner (DCOR) Consulting	Digital Green Feasibility Study	Technical Report
Sascha Lamstein	Nigeria C-IYCF Draft Protocol	Research Protocol

DOCUMENT AUTHOR(S)	DELIVERABLE TITLE	TYPE
Ashley Aakesson	Thought Paper: Describing common elements in agriculture and nutrition theories of change	Technical Brief
Alexis D'Agostino, Jolene Wun, Manisha Tharaney, Anu Narayan, Timothy Williams	Defining Scale-Up of Nutrition Projects	Technical Brief
Amanda Pomeroy, Jolene Wun	Snapshots of Nutrition in Nepal (Pathways to Better Nutrition Case Study Evidence Series - Nepal)	Technical Brief
SPRING	Multiple-Use Water Services: Toward a Nutrition-Sensitive Approach	Technical Brief
SPRING	The Role of Increased Income and Women's Empowerment on Nutrition: A Review of Two Feed the Future Activities in Rwanda	Technical Brief
SPRING	Inventory and summaries of context assessment resources and guide to its use	Technical Report
Alyssa Klein	Ag-Nut Tajikistan Activity Report	Workshop Report
Sarah Titus	USAID Nutrition-Sensitive Programming (mapping report)	Technical report
SPRING	Synthesizing Effects of Food Environment and Nutrition	Technical Report
Lidan Du, Victor Pinga, Alyssa Klein, and Heather Danton	Leveraging Agriculture for Nutrition Impact through the Feed the Future Initiative (chapter in book, <i>Advances in Food and Nutrition Research volume 74</i>)	Technical Report
Waverly Rennie, Peggy Koniz-Booher, Bridget Rogers	SBCC in the Sahel: A Landscape Assessment of Nutrition and Hygiene Social and Behavior Change Communication in Niger and Burkina Faso	Technical Report
Anna Herforth	Women's Empowerment and Men's Engagement: How a Focus on Gender Can Support Agriculture and Nutrition	Presentation
Heather Danton, Sarah Titus, Alyssa Klein, Victor Pinga, Lidan Du	Improving Nutrition through Agriculture: Understanding and Applying Primary Pathways and Principles	Presentation
Anna Herforth	What is needed for Global Monitoring of Access to Adequate Food?	Presentation
Marcia Griffiths	The Social Change Communication and Mobilization (SCC & M) Sub-strategy (Uganda)	Presentation
Ashley Aakesson	Social Change Communication and Mobilization: Review of evidence and experience	Presentation
Alexis Hoskins	Food Security Information Network Overview	Presentation

DOCUMENT AUTHOR(S)	DELIVERABLE TITLE	TYPE
Finalized (and posted to SPRING website, if applicable)		
John L. Fiedler, Keith Lividini, and Odilia Bermudez	Estimating the impact of vitamin A-fortified vegetable oil in Bangladesh in the absence of dietary assessment data	Journal Article
Sascha Lamstein, Toby Stillman, Peggy Koniz-Booher, Ashley Aakesson, Brooke Collaiezzi, Tim Williams, Kristina Beall, Meghan Anson	Evidence of Effective Approaches to SBCC for Preventing and Reducing Stunting and Anemia	Technical Report
Ashley Aakesson, Victor Pinga, Sarah Titus	Using Agriculture Extension Agents to Promote Nutrition: A Process Review of Three Feed the Future Activities in Ethiopia	Technical Brief
Jody Harris, Aaron Buchsbaum	Working Together? Experiences of Intersectoral Integration in an NGO Nutrition Program	Technical Report
Amanda Pomeroy, Marc Cunningham, Alexis D'Agostino, Warren Stevens, and Jolene Wun	Phase 1 Report of the Early-Life Nutrition Linkages to NCD Model	Journal Article
Robin Houston, Madhukar B. Shrestha, Amanda Pomeroy, Jolene Wun, Indu Sharma	Nepal Strategic Background Report (Pathways to Better Nutrition Case Study Evidence Series - Nepal)	Technical Report
Amanda Pomeroy, Lidan Du, Nancy Adero, Alexis D'Agostino, Louise Sserunjogi, Ezekiel Mupere, Abel Muzoora	Understanding Scale-up in the Context of the Ugandan Nutrition Action Plan (Pathways to Better Nutrition Case Study Evidence Series - Uganda)	Technical Report
Amanda Pomeroy, Alexis D'Agostino	Snapshots of Nutrition in Uganda (Pathways to Better Nutrition Case Study Evidence Series - Uganda)	Technical Brief
SPRING	Understanding the Agricultural Income Pathway (Improving Nutrition Through Agriculture Technical Brief Series: Brief 3)	Technical Brief
Lidan Du	Leveraging Agriculture for Nutritional Impact through the Feed the Future Initiative: A Landscape Analysis of Activities Across 19 Focus Countries	Technical Report
SPRING	Training to Integrate Agriculture and Nutrition in Bangladesh (Agriculture-Nutrition Field Note)	Field Note
SPRING	Training to Integrate Agriculture and Nutrition in Honduras (Agriculture-Nutrition Field Note)	Field Note
SPRING	Integration and Coordination in Guatemala (Agriculture-Nutrition Field Note)	Field Note
SPRING	Integration and Coordination in Nepal (Agriculture-Nutrition Field Note)	Field Note
SPRING	Understanding the Food Production Pathway (Improving Nutrition Through Agriculture Technical Brief Series: Brief 2)	Technical Brief

DOCUMENT AUTHOR(S)	DELIVERABLE TITLE	TYPE
SPRING	Supporting Agriculture and Nutrition Interventions at the Community Level in Senegal (Agriculture-Nutrition Field Note)	Field Note
SPRING	Understanding and Applying Primary Pathways and Principles (Improving Nutrition Through Agriculture Technical Brief Series: Brief 1)	Technical Brief
SPRING	Understanding the Women's Empowerment Pathway (Improving Nutrition Through Agriculture Technical Brief Series: Brief 4)	Technical Brief
Thomas Schaetzel, Melissa Antal, and Agnes Guyon	Market Purchase Motivations Among Rural Men in the Khulna District of Bangladesh: A Qualitative Study	Technical Report
Jack Fiedler, Alexis D'Agostino, Celeste Sununtnasuk	A Rapid Initial Assessment of the Distribution and Consumption of Iron-Folic Acid Tablets Through Antenatal Care (21)	Technical Brief
Jack Fiedler	Household Consumption and Expenditures Surveys (HCES): A Tool for Better Understanding Food and Nutrition Issue	Presentation
Odilia Bermudez	Using HCES to Better Understand Dietary Patterns: A Nigerian Example	Presentation
Celeste Sununtnasuk	Individual Energy and Nutrient Intake from a 24-hour and 7-day Recall: Comparing Estimates using the 2011/2012 Bangladesh Integrated Household Survey	Presentation
Manolo Mazariegos, Nutrition Institute of Central America and Panama	Exploring the Use of HCES to Assess Diet Quality and Population Level in Guatemala, with a Special Focus on Maternal and Infant Groups	Presentation
Rolf Klemm	The Importance of a Multisectoral Approach for Anemia Reduction	Presentation
Sarah Ngalombi, Ministry of Health, Uganda	Building on Uganda's Progress in Reducing Anemia: From Evidence to Action	Presentation
Dr. Shyam Raj Upreti, Child Health Division, Ministry of Health, Nepal	Using Community Systems to Reduce Anemia: The Case of Nepal	Presentation
Robin Houston	Assessing Anemia Causes & Interventions at the District Level	Presentation
Celeste Sununtnasuk	Iron-folic Acid Distribution and Consumption through Antenatal Care: Identifying Barriers Across Countries	Presentation
Lidan Du	Linking Agriculture to Micronutrient Nutrition: Early Efforts from Feed the Future	Presentation
Jack Fiedler	Designing Food Fortification Programs Using Household Consumption and Expenditure Surveys (HCES): A Bangladesh Example	Presentation

DOCUMENT AUTHOR(S)	DELIVERABLE TITLE	TYPE
Celeste Sununtnasuk	Individual Energy and Nutrient Intake from a 24-hour and 7-day Recall: Comparing Estimates Using the 2011/2012 Bangladesh Integrated Household Survey	Presentation
Alex Mokeri, Manisha Tharaney, Jack Fiedler, Adera Asasira, Caroline Agabiirwe Noel, Timothy Williams, Fred Werikhe	Promoting Compliance to Iron–Folic Acid Intake in Pregnant Women in Uganda: Prioritizing the Myriad of Factors	Presentation
A. Muzoora, E. Madraa, S. Ngalombi, M. Kyenkya, N. Adero	Food Fortification Monitoring and Evaluation Framework: Operationalizing the Uganda National Fortification Guidelines	Presentation
Manisha Tharaney, Jolene Wun, Jack Fiedler, Deepali Godha, and Sarah Ngalombi	Building on Uganda’s Anemia Progress: From Evidence to Action	Presentation
Heather Danton	Maximizing Nutrition Impact through Feed the Future: A Framework for "How"	Presentation
Jody Harris, Aaron Buchsbaum	Growing together? Experiences of intersectoral integration in an NGO nutrition program	Presentation
Antonia Wolff	General SPRING bookmark	Informational product
SPRING/Bangladesh	Counseling toward Healthier Communities: Health Care Providers Making a Difference in Their Communities	Informational product
SPRING/Bangladesh	Journey to a Promising Future: The Story of a Woman Farmer in Rural Bangladesh	Informational product
John Nicholson	BFS Round Up Review	Other
Amanda Pomeroy	NCD Digest	Other
SPRING	Country Nutrition Profiles (19 total)	Briefs/other report
SPRING	Bangladesh Community Worker's Handbook	Tools
SPRING	Bangladesh Community Worker's Training Guide	Tools
SPRING	SPRING Brochure (Kyrgyz language)	Informational product
SPRING	SPRING Bookmark (Kyrgyz language)	Informational product
SPRING	SPRING Brochure (Russian language)	Informational product
SPRING	SPRING Bookmark (Russian language)	Informational product

PMP INDICATOR 2.2.4: NUMBER OF UNIQUE VISITS ON SPRING WEBSITE

The number of unique visitors to the SPRING website increased steadily over the project year, from 734 in Q1 to 7,243 in Q4. In total, 12,036 unique visitors were reached over the year. Please see the Knowledge Management section of this report for more statistics on the SPRING website.

Appendix 2: Performance Monitoring Plan & Progress Tracking

Note: The table below represents the latest information received for each indicator. As a result, numbers may differ from previous quarterly reports.

NO.	INDICATOR	ACHIEVEMENTS				
		Q1	Q2	Q3	Q4	Total
Strategic Objective: Policies and Programs to scale up effective nutrition services improved*						
1	Number of children under five reached by USG-supported nutrition programs	355,489	396,857	397,027	419,032	1,568,405
2	Number of children under five who received vitamin A from USG-supported programs	0	0	0	0	0
IR 1: Country specific approaches to scale up nutrition programs improved*						
1.1	Number of situational analysis/ landscape analysis carried out by SPRING	2	2	2	3	n/a
1.2	Number of people trained in child health and nutrition through USG-supported health area programs	372	964	772	2,652	4,760
1.3	Number of facilities or services (e.g., health facilities, FFS, others) reached with SPRING support	5,377	5,378	5,425	5,478	5,601
1.4	Number of institutions reached with SPRING support	25	36	42	43	52
1.5	Number of health facilities with established capacity to manage acute under-nutrition	Measured and reported on an annual basis.				62
1.6	Number of instances of TA provided to SPRING-supported countries	23	14	12	21	70
Sub-Result 1.1: Country-specific SBCC programs strengthened						
1.1.1	Estimated number of contacts made through SBCC activities	513,700	549,660	553,788	734,808	2,351,956
1.1.2	Number of people accessing nutrition e-learning module	N/A	N/A	N/A	N/A	N/A

NO.	INDICATOR	ACHIEVEMENTS				
		Q1	Q2	Q3	Q4	Total
Sub-Result 1.2: Country-specific approaches to improve dietary quality and diversity (including micronutrient adequacy) advanced						
	See indicators 1.2, 1.3, 1.4, 1.6					
Sub-Result 1.3: Country-specific scale-up of evidence based nutrition interventions supported						
1.3.1	Number of geographic units reached by SPRING activities	58	75	75	75	78
1.3.2	Percent of geographic units in the country reached by SPRING activities	See Appendix 1, Table 1.				
1.3.3	Percent of target population reached on SPRING -supported geographic units	Measured and reported on an annual basis.				
IR 2: Global evidence base, advocacy platforms, and policies for nutrition expanded						
2.1	Number and type of dissemination activities supported by SPRING	3	86	64	71	224
Sub-Result 2.1: Policy and advocacy efforts to support food and nutrition policies and programming strengthened						
2.1.1	Number of country, regional, and global meetings conducted or attended	13	11	11	2	37
2.1.2	Number of networks or community of practice groups that SPRING leads or participates in	26	26	27	27	8
Sub-Result 2.2: Evidence base learning, monitoring and evaluation for effective approaches to scale-up nutrition services expanded						
2.2.1	Number of research and evaluation activities conducted by SPRING	16	9	15	22	30
2.2.2	Number of instances where standard nutrition metrics are improved based on SPRING inputs	Measured and reported on an annual basis.				
2.2.3	Number of documents (reports, tools, statements) produced by SPRING ³	21 completed	12 completed; 4 finalized	9 completed, 33 finalized	33 submitted, 46 finalized	68 submitted, 69 finalized
2.2.4	Number of unique visits to SPRING website	734	1,568	2,491	7,243	12,036

² Target population information not available at the time of publication.

³ Documents are considered “completed” if they are submitted to USAID for approval, and “finalized” when they have been approved, fully formatted, and posted to the SPRING website (if applicable). A document may be submitted to USAID more than once before finalization.

Appendix 3: Accumulated Travel for Project Year 3

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q1	26-Sep-13	10-Oct-13	Tim Williams	Bangladesh	Yes	To review the SPRING/Bangladesh PMP indicators and targets, and make revisions as necessary. The secondary purpose was to work with SPRING/Bangladesh staff, particularly the newly hired SI Officer and the incoming Country Manager, to ensure that SPRING's SI systems are functioning well and collecting/utilizing appropriate information to meet reporting and project management needs.
Q1	27-Sep-13	11-Oct-13	John Fiedler	Uganda	Yes	To prepare for and participate in the National Anemia Stakeholders Meeting, led by SPRING/Uganda in partnership with the MOH. To prepare and participate in the national M&E meeting on food fortification led by SPRING/Uganda. To participate and co-facilitate an M&E meeting around food fortification held by ECSA-HC.
Q1	27-Sep-13	11-Oct-13	Manisha Tharaney	Uganda	Yes	
Q1	27-Sep-13	11-Oct-13	Jolene Wun	Uganda	Yes	
Q1	4-Oct-13	12-Oct-13	Heather Danton	Tajikistan	No	To meet with USAID and local consultant for Feed the Future SBCC and mass media messaging project.
Q1	7-Oct-13	11-Oct-13	Anu Narayan	Haiti	Yes	To work with the SPRING team in Haiti to plan out activities, strengthen management and operations to meet deliverables and ensure that communication and reporting channels are strengthened.

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q1	15-Oct-13	23-Oct-13	Ashley Aakesson	Uganda	Yes	To initiate support to the Uganda OPM in the development of the Social Change and Mobilization Sub-strategy of the National SBCC and Advocacy Strategy.
Q1	15-Oct-13	23-Oct-13	Marcia Griffiths	Uganda	Yes	
Q1	23-Oct-13	6-Nov-13	Anu Narayan	Ethiopia	No	To represent SPRING in the Alive & Thrive Forum on Stunting Reduction: Nutrition & Beyond for Solutions held on 24-25 October in Addis Ababa; collect data for technical brief series, and determine future TA needs.
Q1	23-Oct-13	6-Nov-13	Victor Pinga	Ethiopia	No	
Q1	26-Oct-13	31-Oct-13	Aaron Buchsbaum	Burkina Faso	Yes	To conduct training for qualitative interview team, and provide initial supervision of data collection.
Q1	26-Oct-13	31-Oct-13	Jody Harris	Burkina Faso	Yes	
Q1	26-Oct-13	2-Nov-13	Laird Ruth	Uganda	Yes	To prepare for and participate in a National Stakeholder's Meeting on the roll out of micronutrient powders (MNPs) in Uganda.
Q1	26-Oct-13	2-Nov-13	Manisha Tharaney	Uganda	Yes	

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q1	16-Nov-13	21-Nov-13	Sarah Titus	Burkina Faso	Yes	To participate in and present at the Food Security and Nutrition Knowledge Sharing Workshop in West Africa and also to establish and/or strengthen connections with food security/resilience program implementers to prepare for REGIS SBCC work.
Q1	16-Nov-13	21-Nov-13	Peggy Koniz-Booher	Burkina Faso	Yes	
Q1	21-Nov-13	26-Nov-13	Peggy Koniz-Booher	Niger	Yes	To continue to collect information about existing nutrition, food security and resilience programming, as well as materials, messages and methods to support the design and initial execution of SBCC work under the SPRING Sahel Program, which will ultimately support the development of the REGIS-ER project's nutrition and hygiene –related SBCC strategy and activities.
Q1	21-Nov-13	26-Nov-13	Waverly Rennie	Niger	Yes	
Q1	21-Oct-13	8-Nov-13	Kristen Kappos	Uganda	Yes	To provide interim technical and operational support to the SPRING/Uganda team while the SPRING/Uganda Program Manager is on a six-week leave of absence. Coverage is required and timely, given SPRING/Uganda is entering the new fiscal year and there is considerable planning needed to realize the activities in the work plan.
Q1	10-Nov-13	22-Nov-13	Amanda Pomeroy	Uganda	Yes	
Q1	10-Nov-13	22-Nov-13	Lidan Du	Uganda	No	To conduct national level key informant and budget interviews for the Pathways to Better Nutrition (PBN) Case Studies activity, and provide TA to the Uganda strategic information team.
Q1	10-Nov-13	22-Nov-13	Alexis D'Agostino	Uganda	Yes	
Q1	12-Nov-13	15-Nov-13	Heather Danton	Italy	No	To attend the preparatory meeting for the International Conference on Nutrition 2 in Rome, Italy and to speak on a panel related to agriculture and nutrition.

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q1	16-Nov-13	27-Nov-13	Bridget Rogers	Nigeria	Yes	To convene key stakeholders from the Federal and State Ministries of Health, SMILE, STEER, etc. for a 3-day workshop to feed into a detailed implementation plan for roll-out of the Facility and Community IYCF packages in five Nigerian states.
Q1	16-Nov-13	27-Nov-13	Toby Stillman	Nigeria	Yes	
Q1	18-Nov-13	24-Nov-13	Sascha Lamstein	Haiti	Yes	To provide M&E-related support to the SPRING/Haiti team, including finalizing the plans for and supporting the collection of baseline data in new health facilities; finalizing plans for conducting Reinforcement Visits (RVs); supporting the collaboration with HEALTHQUAL/CDC for quality improvement (QI) activities; and providing general M&E support to ensure that the project's data collection efforts for the PMP are sound.
Q1	1-Dec-13	14-Dec-13	Alan Rogosch	Uganda	Yes	To provide follow up support in the administration, operations and management of the SPRING/Uganda Project through TA related to in country operations and the provision of targeted training.
Q1	8-Dec-13	16-Dec-13	Alyssa Klein	Tajikistan	Yes	To host a two-day workshop for USAID/Tajikistan and Feed the Future implementing partner staff and support national consulting firm, M-Vector, to complete their work.
Q1	8-Dec-13	16-Dec-13	Judiann McNulty	Tajikistan	Yes	
Q1	9-Dec-13	14-Dec-13	Celeste Sununtnasuk	Tanzania	Yes	To participate and present at the Smarter Futures/Flour Fortification Initiative Cost and Economic Benefit Workshop.
Q1	19-Dec-13	21-Dec-13	Kristen Kappos	Haiti	Yes	To provide management support to the SPRING/Haiti team.

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q1	9-Dec-13	18-Dec-13	Peggy Koniz-Booher	Niger	Yes	To provide technical support to the REGIS-ER Project team in the development of the nutrition-related SBCC work plan and M&E indicators for REGIS-ER and continue on-going SPRING Sahel SBCC activities.
Q1	9-Dec-13	18-Dec-13	Waverly Rennie	Niger	Yes	
Q2	20-Jan-14	5-Feb-14	Manisha Tharaney	Uganda	Yes	To finalize the formative research and implementation plan of the MNP work in Namatumba district of Uganda.
Q2	2-Feb-14	13-Feb-14	Marcia Griffiths	Uganda	Yes	To support the February partners' meeting for the National SBCC and Advocacy Strategy development, and provide general TA to the Uganda country office for SBCC.
Q2	2-Feb-14	13-Feb-14	Ashley Aakesson	Uganda	Yes	
Q2	15-Feb-14	21-Feb-14	Peggy Koniz-Booher	Nigeria	Yes	To finalize plans for the evaluation of the UNICEF IYCF counseling package.
Q2	17-Feb-14	21-Feb-14	Tobias Stillman	Haiti	Yes	To participate in the Haiti NACS stakeholder meeting and to work with SPRING/Haiti to assess progress against the work plan and provide technical and management support.
Q2	17-Feb-14	7-Mar-14	Joy Del Rosso	Uganda	Yes	To conduct training around CAC.
Q2	17-Feb-14	7-Mar-14	Telesphore Kabore	Uganda	Yes	

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q2	18-Feb-14	25-Feb-14	Alan Rogosch	Ghana	Yes	To assess and establish new SPRING operations in Ghana; and identify and define potential programming directions and implementation for the preparation of the SPRING Work Plan.
Q2	23-Feb-14	2-Mar-14	Tobias Stillman	Ghana	Yes	
Q2	27-Feb-14	7-Mar-14	Kristina Beall	India	Yes	To work on the design of the Community Video for Nutrition Toolkit, adjustments to the collaborative approach based on feasibility study results, and participation in a 2-day Digital Green international partners workshop in Delhi.
Q2	24-Feb-14	8-Mar-14	Waverly Rennie	Burkina Faso	Yes	To provide technical support to the REGIS-ER Project team in the finalization of REGIS-ER and SPRING's nutrition-related SBCC work plans and begin use of landscape analysis for planning of REGIS-ER and SPRING Sahel SBCC activities.
Q2	3-Mar-14	8-Mar-14	Anuradha Narayan	Italy	No	To participate in A New Nutrition Workforce Workshop: Educating and Training for a Post 2015 World.
Q2	9-Mar-14	22-Mar-14	Waverly Rennie	Niger	Yes	To provide technical support to the REGIS-ER Project team in the finalization of REGIS-ER and SPRING's nutrition-related SBCC work plans and begin use of landscape analysis for planning of REGIS-ER and SPRING Sahel SBCC activities
Q2	15-Mar-14	22-Mar-14	Tobias Stillman	Uganda	Yes	To come up to speed on developments in Uganda, introduce self in new role, and provide programmatic TA.
Q2	17-Mar-14	21-Mar-14	Peggy Koniz-Booher	Niger	Yes	To provide technical support to the REGIS-ER Project team in the finalization of REGIS-ER and SPRING's nutrition-related SBCC work plans and begin use of landscape analysis for planning of REGIS-ER and SPRING Sahel SBCC activities.

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q3	15-Mar-14	4-Apr-14	Ashley Aakesson	Ethiopia	No	To conduct field work for an SBCC technical brief.
Q3	15-Mar-14	9-Apr-14	Victor Pinga	Ethiopia	No	To conduct field work for the technical brief “Documenting a Strategy for Integration of Nutrition SBC in Three Feed the Future Activities in Ethiopia”, a rapid process review of activities integrating agriculture and nutrition in select Feed the Future agriculture activities in Ethiopia; Document the field experience on the strategy of integrating nutrition SBC through training of agriculture front line workers in nutrition-specific practices and interventions.
Q3	22-Mar-14	4-Apr-14	Heather Danton	Ghana	Yes	To develop a situation analysis and proposed programming directions for SPRING, and contribute to recommendations with respect to implementation mechanisms and overall coordination with government and other actors.
Q3	25-Mar-14	5-Apr-14	Robin Houston	Ghana	Yes	To develop a situation analysis and proposed programming directions associated with anemia and environmental enteropathy in priority districts, including defining directions for delivery of MNP at scale within those districts. Contribute to recommendations with respect to implementation mechanisms and overall coordination with government and other actors.
Q3	28-Mar-14	10-Apr-14	Alan Rogosch	Bangladesh	Yes	To conduct a programmatic and operational portfolio review of the SPRING/Bangladesh project, including an assessment of current activities and operations as well as preparing recommendations for PY4 and PY5.
Q3	28-Mar-14	10-Apr-14	Bridget Rogers	Bangladesh	Yes	
Q3	28-Mar-14	10-Apr-14	Agnes Guyon	Bangladesh	Yes	

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q3	30-Mar-14	5-Apr-14	Manisha Tharaney	Sierra Leone	No	To review and analyze Sierra Leone's programs and policies around anemia prevention and control and understand how they are aligned with its National Food Security and Nutrition Action Plan; and to gather information on Sierra Leone's TA needs around anemia prevention and control.
Q3	30-Mar-14	5-Apr-14	Anuradha Narayan	Rwanda	No	To attend biofortification workshop and meet with the USAID mission.
Q3	30-Mar-14	12-Apr-14	Bridget Rogers	Bangladesh	Yes	To review SPRING/Bangladesh current operations, systems and processes, including coordination with SPRING/HQ and other partners, to help support implementation of activities, discuss successes/challenges with country team and conduct programmatic portfolio review.
Q3	30-Mar-14	12-Apr-14	Alan Rogosch	Bangladesh	Yes	
Q3	30-Mar-14	12-Apr-14	Agnes Guyon	Bangladesh	Yes	
Q3	25-Apr-14	19-May-14	Carrie Lyons	Ghana	Yes	To assist the Ghana office with start up and HR activities.
Q3	12-May-14	17-May-14	Tobias Stillman	Kyrgyz Republic	No	Initial scoping visit to assess, identify, and define potential programming directions and implementation for the preparation of the SPRING/Kyrgyz Republic Work Plan
Q3	12-May-14	17-May-14	Judiann McNulty	Kyrgyz Republic	No	
Q3	12-May-14	17-May-14	Victor Pinga	Kyrgyz Republic	No	

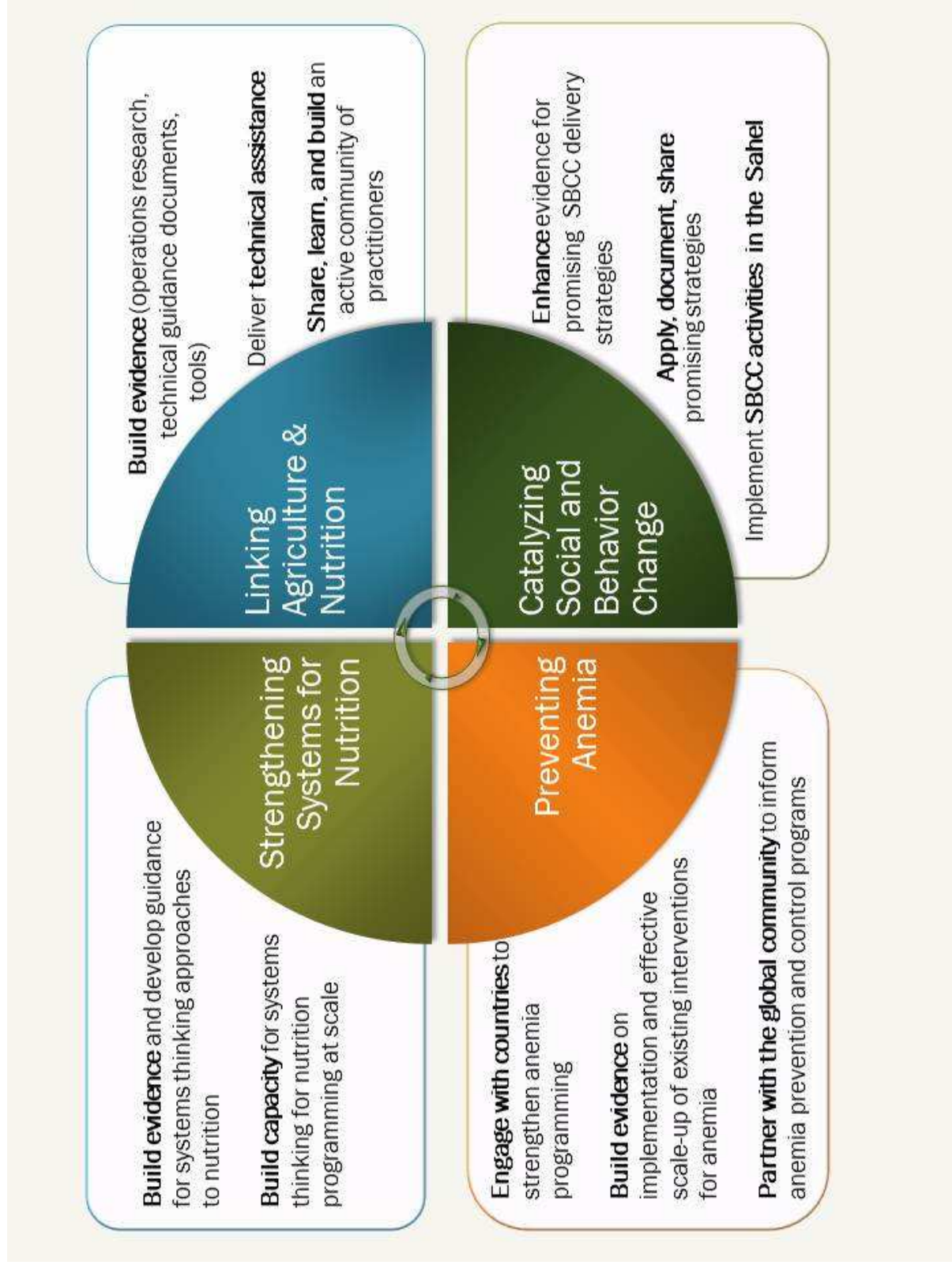
QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q3	19-May-14	30-May-14	Waverly Rennie	Niger	Yes	To work with key REGIS-ER staff to further harmonize work plans and complete an orientation of the new SPRING SBCC Technical Advisor scoping visit.
Q3	19-May-14	31-May-14	Marjolein Moreaux	Niger, Burkina Faso	Yes	
Q3	11-May-14	25-May-14	Peggy Kooniz-Booher	Niger, Burkina Faso	Yes	
Q3	17-May-14	24-May-14	Anu Narayan	Mali	No	Initial scoping visit to assess, identify, and define potential programming directions and implementation for the preparation of the SPRING/Mali work plan.
Q3	17-May-14	23-May-14	Peggy Kooniz-Booher	Mali	No	
Q3	18-May-14	6-Jun-14	Madeleine Smith	Mali	No	
Q3	31-May-14	8-Jun-14	Lidan Du	Ethiopia	No	To attend the Micronutrient Forum and present on behalf of SPRING/HO.
Q3	1-Jun-14	5-Jun-14	Carolyn Hart	UK	No	To attend the 4 th Annual LCIRAH research conference, on agri-food policy and governance for nutrition and health.
Q4	28-Jul-14	8-Aug-14	Tim Williams	Ghana	Yes	Develop a detailed project M&E plan, including a PMP for SPRING/Ghana

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q4	21-Jul-14	1-Aug-14	Gustavo Sanchez	Ghana	Yes	To support ongoing financial and administrative star-up of operations in Accra and Tamale.
Q4	7-Aug-14	25-Aug-14	Judiann McNulty	Guatemala	Yes	To train national consulting firm and carry out qualitative research and host a workshop to share research findings.
Q4	11-Aug-14	20-Aug-14	Marjolein Moreaux	Niger	Yes	To support the REVIS-ER Project team in the development of the FY15 work plan, participate in meetings and finalize the DG pilot project document.
Q4	8-Sep-14	19-Sep-14	Peggy Koniz-Booher	Nigeria	Yes	To draft and IYCF Communication Strategy for SPRING/Nigeria implementation and to meet with the WINNN Project.
Q4	5-Sep-14	26-Sep-14	Aaron Hawkins	Kyrgyzstan	Yes	To support start-up activities of SPRING/KG program.
Q4	23-Sep-14	25-Sep-14	Anu Narayan	Tanzania	No	To participate in the Social Mobilization, Advocacy, and Communication (SMAC) Workshop on Scaling Up Nutrition.
Q4	15-Sep-14	20-Sep-14	Nathalie Albrow	Haiti	Yes	To co-facilitate the review and planning meeting held by SPRING/Haiti.
Q4	2-Sep-14	12-Sep-14	Kristen Kappos	Haiti	Yes	To provide TA to a work planning process with the SPRING/Haiti team to develop the FY15 work plan.
Q4	2-Sep-14	6-Sep-14	Toby Stillman	Haiti	Yes	

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q4	21-Jul-14	1-Aug-14	Judiann McNulty	Kyrgyzstan	Yes	To conduct a follow up visit to support start-up efforts and further develop programmatic structures.
Q4	14-Jul-14	24-Jul-14	Adam Booher	India	Yes	To work on a Digital Green - SPRING collaboration video.
	14-Jul-14	24-Jul-14	John Nicholson	India	Yes	
Q4	22-Jul-14	25-Jul-14	Toby Stillman	Nigeria	Yes	To work with SPRING/Nigeria to develop the FY15 work plan.
Q4	21-Jul-14	1-Aug-14	Bridget Rogers	Nigeria	Yes	
Q4	8-Jul-14	19-Jul-14	Alexis D'Agostino	Uganda	Yes	To support the development of SPRING's multiple MNP operations research protocol, conduct budget interviews and support SI staff.
Q4	8-Jul-14	18-Jul-14	Bridget Rogers	Bangladesh	Yes	To work with SPRING/Bangladesh to develop the FY15 work plan.
Q4	23-Jun-14	25-Jul-14	Theresa Miles	Ghana	Yes	To manage recruitment of new staff and establish operational processes and procedures in Tamale and Accra.
Q4	7-Jul-14	25-Jul-14	Samantha Clark	Rwanda	No	To conduct research highlighting the range of interventions that may support nutrition through agriculture income generation and women's engagement in two Feed the Future activities.

QUARTER	DATES		TRAVELER	COUNTRY	TECHNICAL ASSISTANCE PROVIDED?	PURPOSE
	START	END				
Q4	7-Jul-14	25-Jul-14	Sarah Titus	Rwanda	No	
Q4	7-Jul-14	17-Jul-14	Sascha Lamstein	Nigeria	Yes	To support the evaluation of the UNICEF IYCF counseling package.
Q4	30-Jun-14	10-Jul-14	Marjolein Moreaux	Niger	Yes	To support the planning of the REGIS-ER health, nutrition, and WASH orientation workshop, finalize the SBCC strategy and conduct a scoping visit to design a community video pilot with DG.
Q4	30-Jun-14	10-Jul-14	Vinay Kumar	Niger	Yes	
Q4	23-Jun-14	4-Jul-14	Kristen Kappos	Uganda	Yes	To provide TA to a work planning process with SPRING/Uganda to develop the FY15 work plan.

Appendix 4: SPRING Framework



Appendix 5: SPRING/Bangladesh FY14 Annual Report

EXECUTIVE SUMMARY

The prevalence of undernutrition in Bangladesh is among the highest in the world. Nearly 50% of children under five and three out of every 10 women of childbearing age suffer from malnutrition, regardless of socio-economic status.⁴ Millions of children and women in Bangladesh suffer from undernutrition, demonstrated by indicators such as low birth weight, wasting, stunting, underweight, vitamin A deficiency, iodine deficiency disorders, and anemia. The goal of SPRING/Bangladesh is to improve the nutritional status of pregnant and lactating women (PLW) and children under the age of two years in Barisal and Khulna divisions between 2011 and 2016 by promoting and supporting the adoption of essential nutrition and hygiene actions (ENHA) and the consumption of nutritious and diverse diets through a multichannel and integrated approach. SPRING/Bangladesh's three primary objectives are to: integrate and scale up ENHA within MOHFW, MOA, and health and agriculture projects in Barisal and Khulna divisions; enhance the capacity of frontline health and agriculture workers within the Ministry of Health and Family Welfare (MOHFW), Ministry of Agriculture (MOA), field facilitators, peer facilitators, and community groups to deliver quality counseling on ENHA for PLW and children under two years in Khulna and Barisal; and, increase household access and utilization of diversified foods through homestead food production.

Since SPRING began its work in Bangladesh in April 2012, among many of its activities, the project has:

- Supported 1,005 government-run community clinics
- Directly worked with over 75,000 poor, rural woman
- Trained over 4,500 frontline government health workers
- Made contacts on ENHA through the health system nearly 3 million times
- Established important networks and presence in 40 sub-districts, or '*upazilas*' in Khulna and Barisal divisions
- Conducted important research on men's attitudes towards buying food for the family as well as on barriers and motivations for handwashing behavior
- Partnered with many different projects and organizations to ensure that both nutrition-sensitive and nutrition-specific interventions are incorporated and that the work is reaching the greatest number of people possible

The SPRING/Bangladesh program has shown that nutrition messaging can be successfully introduced into ongoing agricultural extension work. SPRING has leveraged resources through collaborations with other important partners and projects to ensure that nutrition programming reaches the greatest number of people in the most efficient and impactful way. SPRING has also been able to demonstrate that small innovations are sometimes the most impactful. An example of this is SPRING's use of tippy-taps and improved hatching pots, or *hajols*, which are promoted in its field work. Finally, SPRING has also provided evidence that handwashing can be a successful component of a community-level nutrition program.

⁴ Howlader, Sushil Ranjan; Sethuraman, Kavita; Begum, Ferdousi; Paul, Dipika; Sommerfelt, A. Elisabeth; Kovach, Tara. 2012. Investing in Nutrition Now: A Smart Start for Our Children, Our Future. Estimates of Benefits and Costs of a Comprehensive Program for Nutrition in Bangladesh, 2011–2021. PROFILES and Nutrition Costing Technical Report. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA), FHI360.

In order to fully combat and defeat malnutrition, Bangladesh must make use of existing community groups, structures, and support groups. Further, it is clear that a multichannel approach is more effective than other, more traditional approaches. Finally, it will important to adopt small, “do-able” actions that all members of society, irrespective of time, education, or income, can adopt. SPRING has utilized actions and approaches that meet all of these criteria. It is only through a continuation of these types of activities over a large scale and with greater investment by the Government of Bangladesh (GOB) that malnutrition in Bangladesh can really be eliminated.

INTRODUCTION

Overview

The goal of SPRING/Bangladesh is to improve the nutritional status of PLW and children under two years of age in Barisal and Khulna divisions by promoting and supporting the adoption of ENHA (or ENA/EHA) and the consumption of nutritious and diverse diets. Enabling and mobilizing individuals and communities to promote and adopt healthy behaviors, particularly in the context of nutrition, is at the center of SPRING’s work. SPRING is dedicated to working with the Government of Bangladesh (GOB) to reach the poorest and most vulnerable to malnutrition, thereby contributing to the efforts to tackle an underlying cause of maternal and child morbidity and mortality.

SPRING/Bangladesh initiated activities in April 2012 to improve the nutritional status of PLW and children under the age of two years in Barisal and Khulna divisions. At the intersection of the US Government’s two flagship foreign assistance initiatives, Feed the Future and the Global Health Initiative, SPRING is aligned with the GOB National Nutrition Strategy and works across different sectors, including health and agriculture.

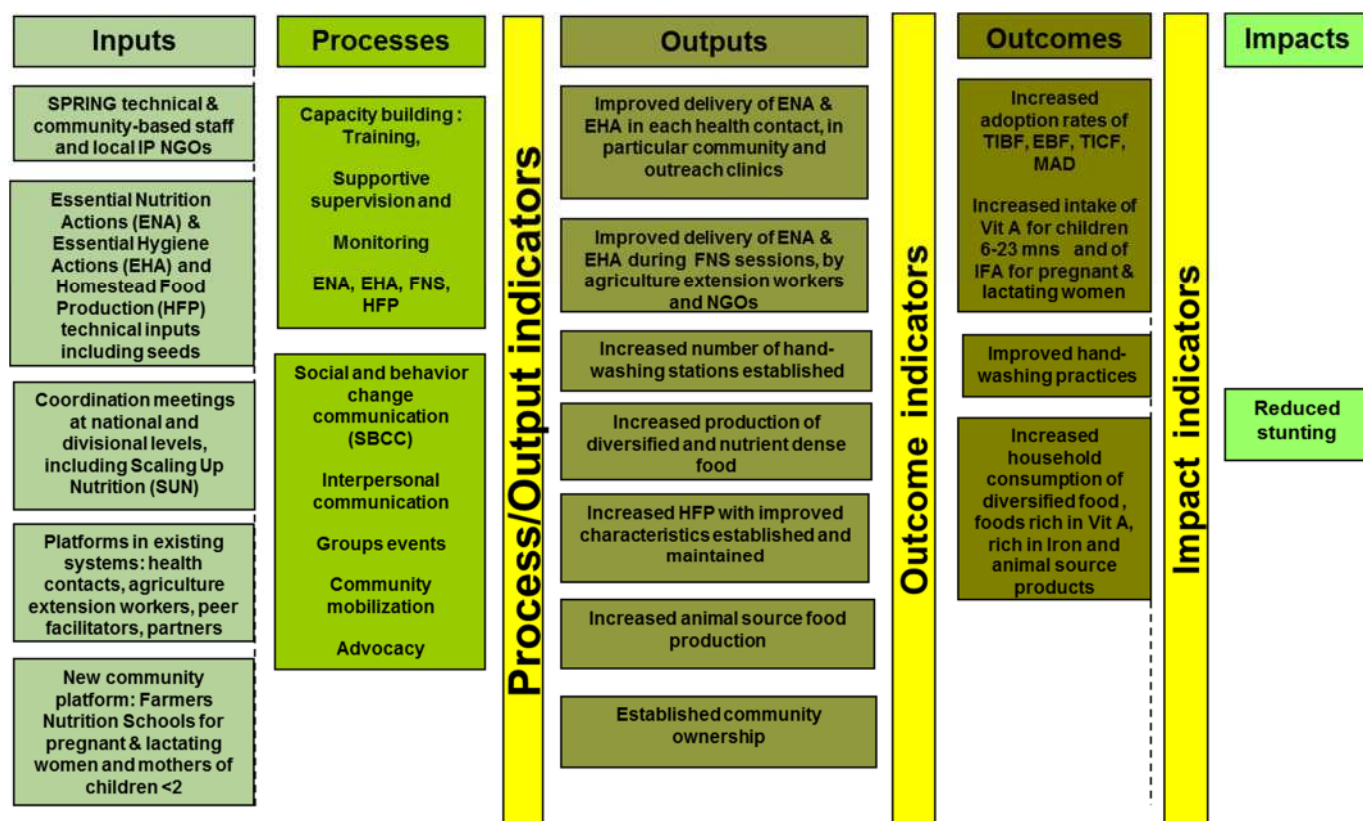
SPRING/Bangladesh's four primary objectives are to:

Objective 1: Scale up the promotion and the support of ENHA within the MOHFW, MOA, and other health and agriculture projects in Barisal and Khulna divisions;

Objective 2: Enhance the capacity of frontline health and agriculture workers within the MOHFW, MOA, and community workers and groups through training, supportive supervision and community mobilization to deliver quality services and counseling on ENHA for PLW and children under two years in Khulna and Barisal;

Objective 3: Increase household access to and utilization of diversified foods through homestead food production (HFP) using the farmer nutrition school (FNS) approach; and

Objective 4: Enhance project learning and sharing.



FY14 was a significant year for the project and one that was highlighted by important progress and achievements. In addition to achieving significant results in its field activities, the project was also deeply involved in collaborative efforts, hosted a number of important high profile visits, contributed to the evidence base on nutrition and finalized important tools and guidelines. SPRING/Bangladesh continued to serve as a resource for technical staff of other USAID and non-USAID projects, including the Aquaculture for Income and Nutrition project, the USAID Horticulture Project, SISIMPUR, and the AESAP project. To date, SPRING/Bangladesh has trained 264 staff on ENHA from these projects. In FY14, SPRING hosted the United States Ambassador to Bangladesh, Mr. Dan Mozena, as well as the USAID Mission Director, Ms. Janina Jaruzelski, and the Director of the Office of Population, Health, Nutrition and Education (OPHNE) for Bangladesh, Ms. Melissa Jones, among other important visits and visitors. SPRING contributed to the evidence based on nutrition through its finalization and publication of “Market Purchase Motivations Among Rural Men in the Khulna District of Bangladesh” as well as its new qualitative research examining handwashing behaviors through its “Use of Tippy Taps and Handwashing Practices in Southern Bangladesh” observational study. During this past year, the project also finalized its own SBCC Strategy as well as its Community Worker Guides on Nutrition and finalized three success stories. Further, in order to further strengthen its internal monitoring tools, SPRING revamped existing tools and developed new tools to help improve the quality of data as well as appropriateness and completeness of data. Further, SPRING finalized a new project monitoring plan (PMP) and accompanying program indicator reference sheets (PIRS).

In FY14, the project established 2,560 new farmer nutrition schools (FNS), reaching 48,000 new women. Since its inception in FY12, SPRING/Bangladesh has established 3,861 FNS groups, reaching a total of 77,217 women. Each of these women was exposed to improved homestead food production methods, and received extensive training on essential nutrition and hygiene actions.

Furthermore, SPRING/Bangladesh continued to support the GOB to deliver on its commitments in the Operational Plan for the National Nutrition Services and the Revitalizing Community Health Care Initiatives in Bangladesh

(RCHCIB) project. During FY14, the project supported routine nutrition-related monitoring and supervision in 1,005 community clinics as well as in family planning centers, *upazila* health complexes and other health facilities. During FY14, these project-supported providers recorded 2,040,962 contacts with PLW or women with children under the age of two, bringing the total number of contacts since project inception to 2,980,978. At each contact, women were exposed to key ENHA-related messaging. Where the set of ENHA related messages is lacking or not fully meeting all of the technical areas intended to be covered, project staff work with GOB supervisory level staff to identify these gaps and to work jointly to ensure that they are corrected.

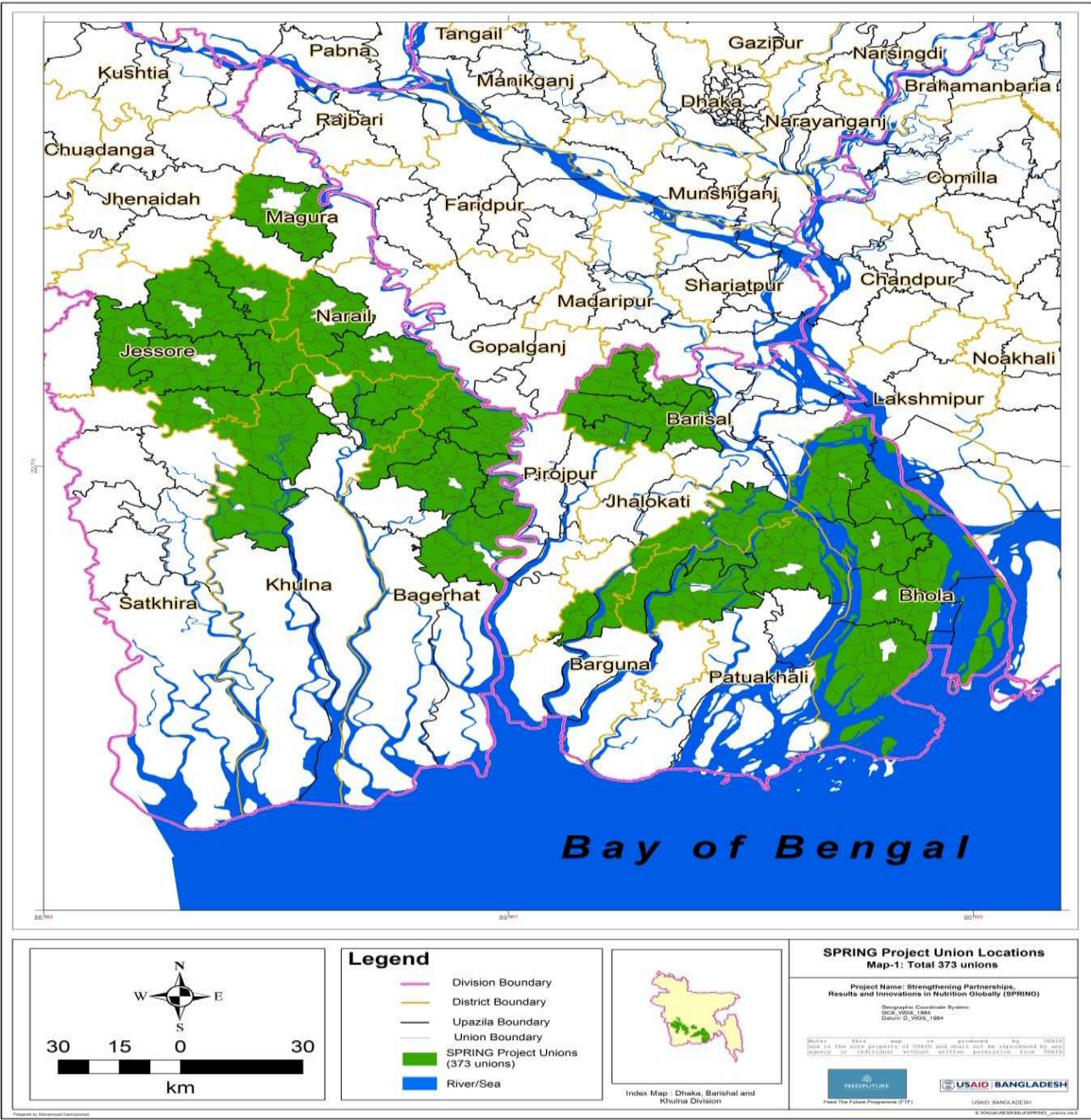
SPRING/Bangladesh also continued efforts to build the capacity of the MOA's Sub-Assistant Agriculture Officers (SAAOs) as well as Agriculture Information Service (AIS) and Agriculture Information and Communication Center (AICC) officials. During FY14, the project provided ENHA refresher training and supportive supervision to 906 MOA officials. Through their work with farmer groups in Khulna and Barisal divisions, project supported MOA officials recorded 311,484 contacts with PLW or women with children under the age of two, bringing the total number of contacts since project inception to 476,932. At each contact, women were exposed to key ENHA related messaging.

Geographic Coverage

The geographic scope of SPRING/Bangladesh will continue to be the USAID Feed the Future target zones of the southern delta divisions of Barisal and Khulna.

During the past three fiscal years, SPRING has attained rapid and broad coverage across 40 *upazilas* in nine districts in the two target divisions (see figure 1 on the following page), covering a population of 5.7 million people. In FY14, SPRING maintained the same geographic area but increased its proportionate coverage of PLW in the lower two socioeconomic quintiles by doubling its target reach of FNS households. The total number of households enrolled with established home gardens during FY14 was 48,000 households. This expansion increased SPRING's proportionate coverage through FNS programs from 17 percent to 60 percent of PLW within the lower two socioeconomic quintiles in these 40 *upazilas*. SPRING's coverage of PLW in these 40 *upazilas* was further expanded through a number of follow-up activities, including continuous support to trained GOB MOHFW and MOA staff, by collaborative partners, and social and behavior change communication (SBCC) campaigns for the targeted household level decision makers to increase knowledge and improve adoption of healthy nutrition and hygiene practices.

Figure 1: SPRING/Bangladesh FY14 intervention upazilas



KEY PROGRAMMATIC ACTIVITIES AND ACHIEVEMENTS

Intermediate Result 1.1: Country-specific social and behavior change (SBCC) programs strengthened and scaled up

Overview

Expand community-based SBCC activities through new and existing partnerships: SPRING continues to work with USAID partners and the GOB to ensure that messages and materials are being disseminated in an effective and consistent manner. In FY 2014, SPRING continued its work with Feed the Future's Agriculture-Nutrition Linkages Group and closely coordinated with two other USAID-funded nutrition projects, IAHBI and SHIKHA. SPRING expanded its community-based SBCC activities indirectly through its work with the USAID-funded AIN and IAHBI projects. These projects have adopted and are using technical materials produced by SPRING. SPRING has also been able to expand its network to include various fora, networks, and organizations, including the Food and Agriculture Organization (FAO), UNICEF and the World Food Programme (WFP). These links have strengthened SPRING's work by identifying lessons learned and has created opportunities to collaborate across projects by ensuring coordination in Bangladeshi communities. For example, the USAID Avian Influenza Project is using materials developed by SPRING on hand hygiene and EHA.



AIN and SPRING staff with USAID on a joint field visit to Khulna

Expand SBCC activities through Agriculture Information Services (AIS, SISIMPUR and other channels): SPRING engaged in conversations with AIS in FY14, but unfortunately the government body did not have the technical capacity available to produce or disseminate the types of messages that SPRING was interested in helping them produce. SPRING also met with SISIMPUR in a series of collaborative meetings and provided the USAID-funded project with a number of nutrition-related sketches that could be used in the next round of their production. Finally, SPRING also met with the USAID-funded AESAP project and discussed the possibility of collaborating on the development of IEC materials for MOA workers (SAAOs) utilizing their strong relationships with the MOA and other important DGs under that ministry. These discussions will continue in FY15.

Participate in National Nutrition Working Group (NWG) meetings, Civil Society Alliance for Scaling-Up Nutrition (SUN), BCC working group, RCHCIB NGO Coordination Meeting and other national-level meetings: Throughout the reporting period, SPRING has regularly participated in the NWG meetings, the Civil Society Alliance for SUN, the BCC working group, the RCHCIB NGO Coordination Meeting and other national-level meetings. SPRING's participation in these meetings helps to ensure that all aspects of nutrition, especially nutrition-sensitive interventions, are prioritized in the deliberations and work of these important national bodies on nutrition in Bangladesh.

Upazila and union advocacy event on mainstreaming nutrition into health and agriculture: These events usually happen periodically throughout the year, with a special focus on major national and international events, such as World Breastfeeding Week and Global Handwashing Day. SPRING played an important role in observing World Breastfeeding Week. A joint program was held with the MOHFW and conducted events down to the village level,

such as through “miking” events involving the CNC. SPRING also participated in a number of agriculture fairs at the upazila level to help disseminate important messages on ENA/EHA. During those fairs, Tippy Taps were highly appreciated both by the general participants as well as the GOB officials present.



SPRING and GOB staff celebrating World Breastfeeding Week

Increase coordination among relevant sectors at the upazila and district levels to promote nutrition programs: SPRING increased its coordination among relevant sectors at the upazila and district levels as part of its ongoing implementation approach throughout this reporting year. SPRING participates in government and non-government meetings on a regular basis to ensure the promotion and coordination of nutrition activities in these areas. Specifically, throughout the year SPRING held monthly meetings with civil surgeons, divisional and district-level government staff from the MOHFW and the MOA to discuss SPRING’s progress to date and to discuss any bottlenecks in the execution of its work at the district and upazila levels. In each upazila, SPRING participated in monthly meetings of DGHS, DGFP and DAE on regular basis. During these meetings, time is allocated to discuss the status of delivering ENA/EHA messages and SPRING’s activities as whole. This has ultimately helped in mainstreaming nutrition into the normal program of the government at the local levels. Joint visits and supportive supervision visits were stressed throughout this reporting period, which have in turn increased coordination between SPRING and GOB partners and have improved working relationships between the MOHFW and the MOA.

Lessons Learned and Next Steps

SPRING has learned that participation in national events can be an excellent way to spread information about ENA/EHA in a collaborative and exciting fashion at a relatively low cost. These events show support to the GOB and engage important community members on important issues. SPRING has also learned that the MOHFW and MOA can and will work together if an appropriate common thread – in this case, nutrition – can be found. SPRING has worked to foster this relationship both for more efficient activity implementation as well as a greater scope for growth and collaboration between these two ministries.

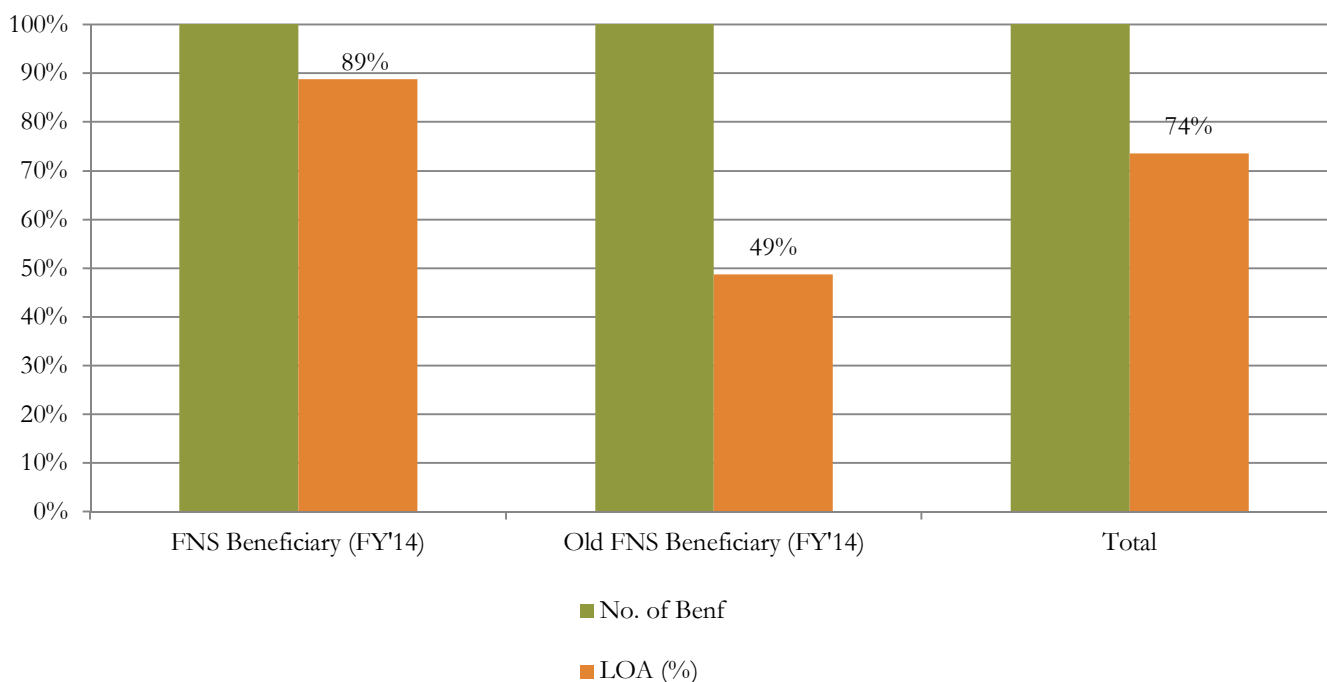
Intermediate Result 1.2: Country specific approaches to improve dietary quality and diversity (including micro nutrient adequacy) advanced

Overview

Continued support for graduating FNS: SPRING finalized its working draft of the graduation FNS plan in Q2 and has put it into action. It has and will continue providing support to the graduated FNS as part of its ongoing strategy

and approach. Specifically, as part of this ongoing work, SPRING provides bi-monthly visits to graduated communities. SPRING continued this effort throughout the fiscal year. Though these mentoring visits, Union Facilitators and other field staff provide technical support and other information (such as linkages with poultry vaccinators) to better empower community members to maintain important aspects of homestead food production and ENA/EHA. Aiming at achieving greater sustainability within its working areas, SPRING has selected 1301 community nutrition champions (CNC) from the FY12 and FY13 graduated FNS and another 2560 CNCs from its FY14 FNS. SPRING had also worked to better define the roles of CNCs – what they can do in the community, how they can keep the nutrition ‘buzz’ alive, and how they can best serve their community members, notably through making linkages with health facilities and extension service providers, among other tasks. CNCs play an important role in maintaining the flow of information related to ENA/EHA in the communities and are an important component of SPRING’s longer term sustainability plans. CNCs have also played an active role in celebrating World Breastfeeding Week and Farmers Field Day for Nutrition events in FY14.

Figure 2. FNS farmers using improved technologies



Expand coverage for resource poor households through FNS: In FY14, SPRING continued to support the 48,000 PLW who participated in the 2,560 FY14 FNS. This FY14 effort has approximately doubled the number of participants that were covered in FY13. Among those FY14 FNS members, 24,640 were in Khulna and 23,360 were in Barisal. From FY14 FNS, 42,620 applied new improved technology that they learned from the SPRING covering an area of 376 hectares.

Support Farmer Nutrition Schools through a partnership with Digital Green: This partnership has been re-evaluated in light of ongoing work and discussions with USAID/Bangladesh. There are many local solutions to media and message dissemination in Bangladesh and SPRING has accordingly decided to focus on these as more viable and appropriate options. SPRING has engaged in dialogue in FY14 with BKMI and SISIMPUR. It also hopes to further discussions in FY15 with the USAID-funded AESAP, SHIKHA and AIN projects to find other ways to effectively disseminate important messages on ENA/EHA. While SPRING strongly believes that the Digital Green

model is one that should be tried out, it was decided that it was not the right timing or fit for the program in Bangladesh.



A SPRING union facilitator conducts an FNS session in Narail, Khulna

Lessons Learned and Next Steps

SPRING takes sustainability seriously and has invested a lot of time and effort in FY14 to better articulating its approach in this regard. It believes that strong partnerships and collaboration with the GOB, alongside community-based volunteers will play a vital role in keeping the important messages surrounding ENA/EHA alive and strong in the communities where it has worked. On the other hand, SPRING also recognizes that a volunteer based system has its weaknesses and ongoing efforts will be required in FY15 to ensure that effective ways have been found to appropriately harness the time and willingness of women in the communities to act as effective ‘ambassadors’ of ENA/EHA. Many organizations pay their volunteers, but SPRING does not believe this is a sustainable option. SPRING will therefore work carefully to further develop and refine the strategy to work with CNCs, especially with regard to time and level of effort. It has to be better understood what non-financial incentives can motivate these women to work as volunteers and to continue as CNCs, without specific payments or financial incentives.

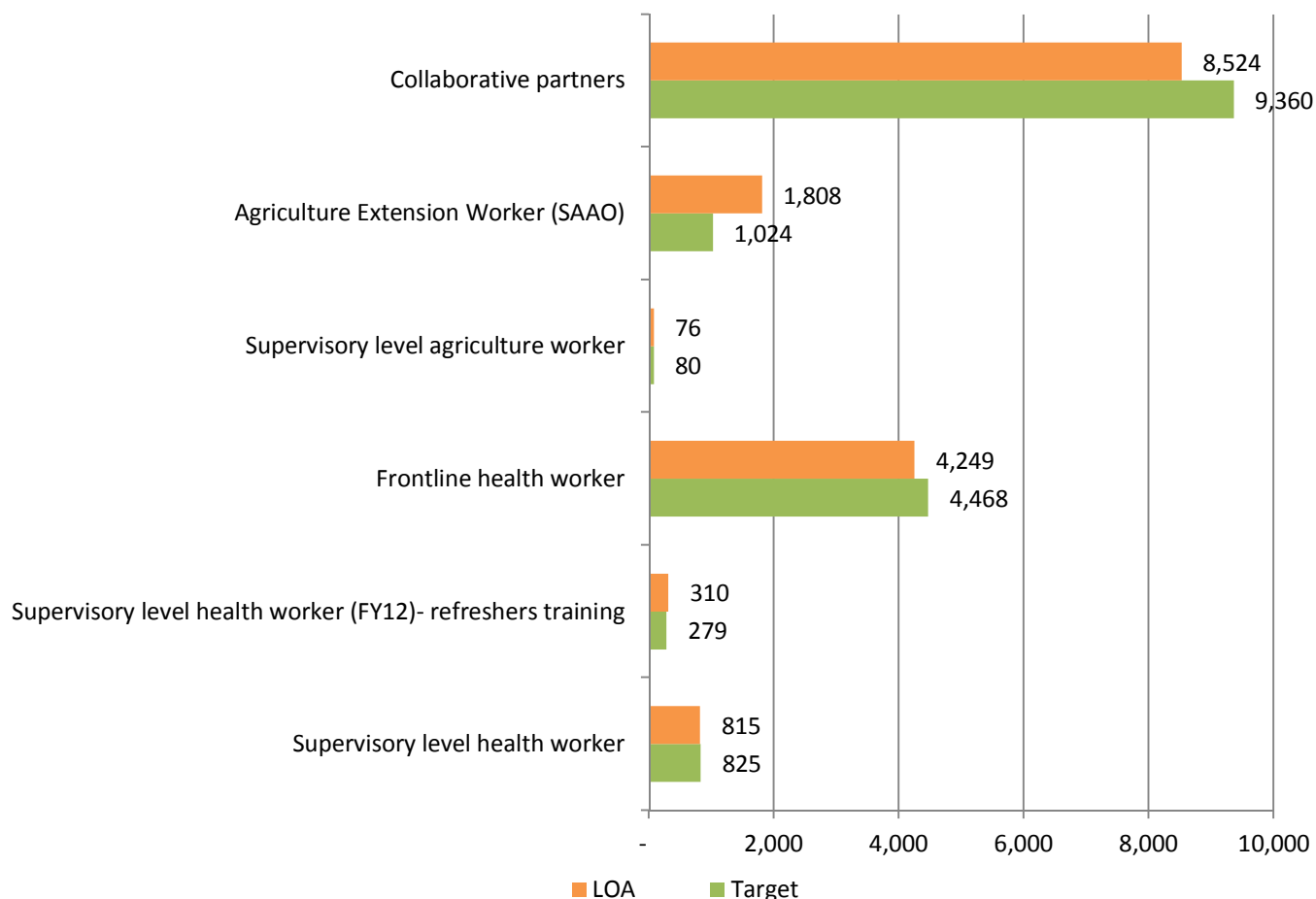
Intermediate Result 1.3: Country-specific scale up of evidence-based nutrition interventions supported

Overview

Trainings on nutrition provided to staff of the MOHFW, the MOA and other partner NGO: SPRING actively engaged in a number of training activities during FY14. Refresher trainings for MOA SAAO staff occurred in August and September 2014. Finally, the refresher training for DGHS and DGFP staff began in September 2014 and will continue in October and November 2014. These trained staff will cascade the same training to supervisory level and frontline health and family planning workers as well as play an important role in the roll-out of NIS. Among the 906 SAAO who were trained on ENA/EHA in FY12 and FY13, 902 received a one-day refresher training during the fourth quarter of this reporting year. Refresher trainings for SAAOs have strengthened the relationship with

DAE and have sparked an interest for other GOB departments, such as the Department of Fisheries and the Department of Livestock Services. SPRING also provided basic training on ENA/EHA to 54 trainers (31 in Barisal and 23 in Khulna) from the USAID-funded AESAP project to help expand nutrition trainings within the MOA.

Figure 3. Cumulative Target vs Achievement (LOA)



Nutrition and hygiene orientation for community clinic community and support group members: These important orientations happen on an ad hoc basis, based on the availability of the community group and community support group members. SPRING engaged with community clinic community management and community support group members during FY14 with basic orientations on the importance of ENA/EHA. This engagement is important in ensuring that there are other linkages between community members at the facility staff at community clinics. SPRING has focused its efforts on underscoring the importance of ENA/EHA and will continue doing so in FY15.

Enhance and strengthen facility- and NGO-based frontline workers: SPRING continues to provide regular monitoring and follow up to its trained frontline workers to ensure that quality delivery of nutrition messages is being achieved. SPRING held trainings for NGO-based frontline workers on basic nutrition which reached 216 people and helped to enhance and strengthen their capacity in nutrition, which, in turn, has helped the facility and the community which they serve.



A frontline health worker gives important nutrition counseling to a mother

Enhance IPNGOs’ capacity in managing and implementing nutrition interventions: As part of SPRING’s ongoing objective and work, SPRING has worked to build the capacity of its IPNGO colleagues through its ongoing monitoring and supportive supervision activities. Divisional staff members routinely work with IPNGO staff throughout the year to ensure that capacity is built and that gaps are addressed through regular feedback and monitoring visits. Several trainings took place this year building the capacity of SPRING’s five IPNGOs, specifically in managing and implementing nutrition interventions. One training, entitled “Homestead Food Production (HFP) and ENHA through FNS”, reached 350 people (326 Union Facilitators, 20 Field Supervisors, and 4 NGO Focal Persons). These trainings were on specific technical areas related to SPRING’s work, including ENA/EHA and agriculture practices.



Some of the materials that SPRING has developed or printed as part of its training on ENA/EHA in the field

Lessons Learned and Next Steps

Engaging GOB staff is crucial to SPRING's long-term goal of sustainability. SPRING's efforts in FY14 have helped further this objective, though more work is required. SPRING has also worked with local NGOs to ensure that their staff will be equipped to competently continue provide important messages on ENA/EHA even after SPRING has finished its work. While SPRING has successfully been able to work with and sensitize community management and community support groups, it recognizes that the ties could be further strengthened. Accordingly, SPRING is planning to have discussions with RCHCIB and other projects working to support community clinic specifically to find out the modality to work directly with this groups when community clinic project has its own implementing partner NGOs in this regard.

Intermediate Result 2.1: Policy and advocacy efforts to support food and nutrition policies and programming strengthened

Overview

Mobilize communities on nutrition: As part of its ongoing and routine work, SPRING works with community clinic groups and identifies community nutrition champions to ensure that ENA/EHA remain an important topic within the community. While this is done to maintain a “buzz” within the community around ENA/EHA, it also serves to ensure that there are individuals available at the local level who can serve as resources to their neighbors and family members. As part of this process, 1,292 Community Nutrition Champions were selected from the graduated FNS (1 per FNS) to help further SPRING's efforts in these communities and 2,560 were selected from FY14 graduated FNS.



US Ambassador Dan Mozena and USAID Mission Director Janina Jaruzelski
visiting a graduated SPRING FNS in Patuakhali, Barisal

Lessons Learned and Next Steps

It is important to keep communities mobilized on nutrition and SPRING believes that, as part of its graduation plan, a combination of ties to the community clinic, through sensitization with community support groups, and the appointment of community nutrition champions will help ensure this. More work is needed to strengthen these ties and linkages and SPRING will continue building on these efforts and providing follow-up in FY15 and beyond.

Intermediate Result 2.2: Evidence-based learning, monitoring, and evaluation for effective approaches to scale up nutrition services expanded

Overview

Qualitative research on nutrition & agriculture: SPRING completed some important qualitative research on the use of Tippy Taps in the fourth quarter of FY14. This research examined the motivations and barriers surrounding handwashing in SPRING's working areas and sought to better understand what success the installation of tippy-taps has had on improving handwashing behavior in these intervention areas. The research was completed in both Barisal and Khulna divisions in June 2014. The report should be finalized during the first quarter of FY15. Further, finalizations were made during FY14 on important research that examined men's motivations in marketing behaviors in rural Bangladesh. This research has been published online and has been shared with a wide range of USAID and non-USAID funded projects in Bangladesh with the hopes that the findings from this research will help inform programming and assist other projects to understand the barriers and motivating factors related to household decision-making for marketing in rural Bangladesh.



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SPRING
Strengthening Partnerships, Results, and Innovations in Nutrition Globally

MARKET PURCHASE MOTIVATIONS AMONG RURAL MEN IN THE KHULNA DISTRICT OF BANGLADESH

A QUALITATIVE STUDY

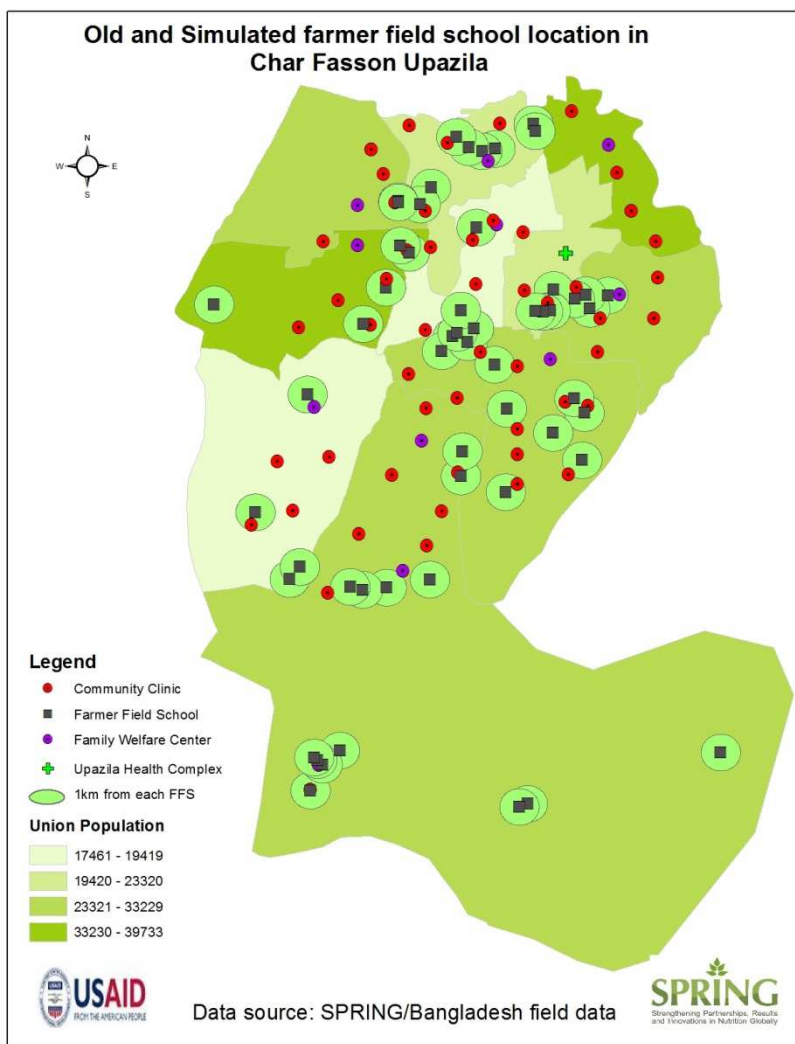


This publication was made possible by the support of the American people through the U.S. Agency for International Development under Cooperative Agreement AID-OAA-A-11-00031, the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

Assess, document, report and use information: This is a routine part of program monitoring and was an ongoing component of SPRING's work during FY14. During this reporting period, SPRING specifically improved upon and developed additional monitoring tools as part of its monitoring kit to better assess, document, report and use information from the activities that are being implemented at field level. SPRING also revised its PMP and developed accompanying PIRS and M&E guidelines to ensure improved data quality and collection in its field work.

Geographic information system mapping of target population reached by SPRING-supported activities: During FY14, SPRING completed its effort to map all of its 40 working *upazilas* using GIS mapping. This mapping has helped SPRING better understand the distribution of its FNS and the relationship of these sites to other important government facilities, such as community clinics. Further, the mapping has assisted in SPRING in collaborating with other projects by better assessing where working areas overlap and what areas can best be targeted for collaborative efforts. SPRING has also played an active role in the online USAID database of GIS maps and is a regular participant in central GIS coordination meetings among NGO partners.

Figure 4. One of SPRING's new *upazila* GIS maps



Lessons Learned and Next Steps

The documentation and use of data are crucial components of any project's work and SPRING takes this work very seriously. In FY14, SPRING recognized gaps in its monitoring and evaluating systems and took a concerted effort to improve upon these tools. As a result, the project revitalized its PMP, improved upon its monitoring tools, and wrote accompanying PIRS to help better define its targets and measure its progress. SPRING found other ways to better use information by helping to build the evidence base with the dissemination of its research. Finally, SPRING harnessed the power of GIS with the completion of its *upazila* mapping. All of these efforts have helped

SPRING maintain an effective and robust array of resources that make the best use of information for improved programming and sharing of lessons across partners and projects for effective collaboration.

ADMINISTRATION AND MANAGEMENT

FY14 was a fairly seamless continuation of FY13 work and there are few administrative issues to be highlighted. SPRING remained in the same 40 *upazilas* and kept its technical approach. As the number of graduated FNS members grew, however, it became clear that a few new positions would be necessary at the field level. Consequently, four new *upazila* coordinators were hired to better support the field activities for SPRING.

The only other major administrative update was a change in the number of IPNGOs to SPRING's field activities. One partner, BRIDGE, was removed from the group and its positions were redistributed among the remaining four IPNGOs.

MONITORING AND EVALUATION

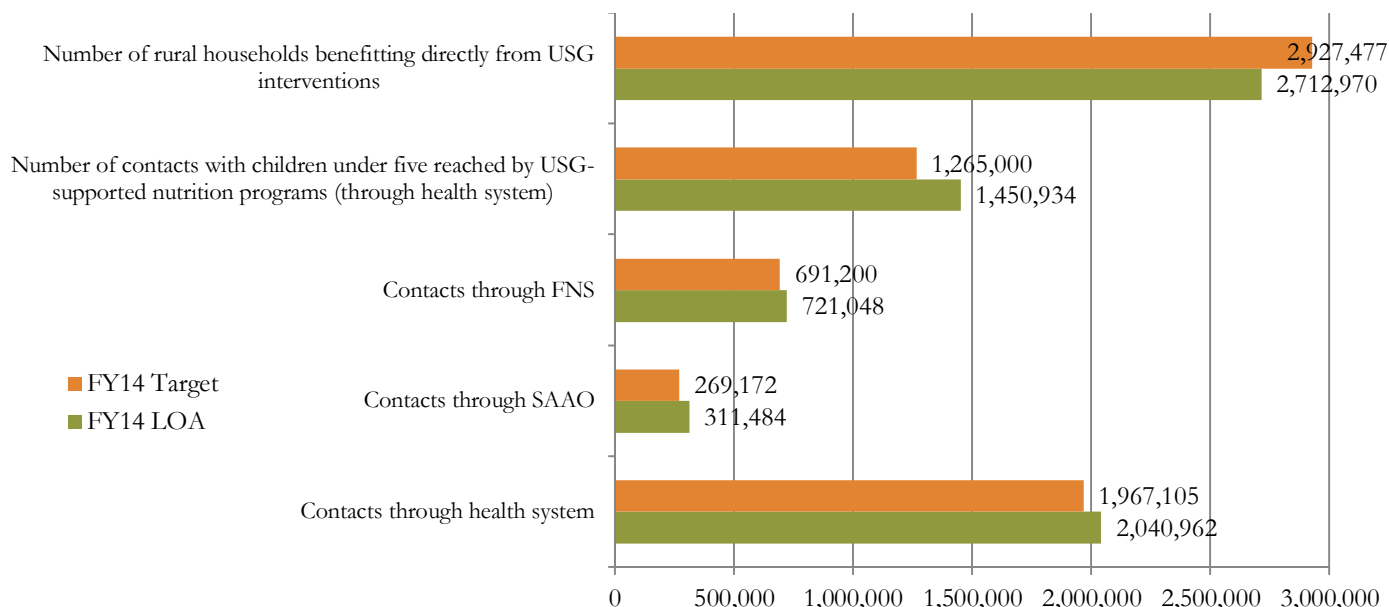
1. FY14 Performance

Between October 2013 and September 2014, SPRING established a total of 2,560 FNS⁵ in its 40 working *upazilas* under Khulna and Barisal divisions. Through this work, SPRING reached some 48,000 PLW - of which 24,640 were in Khulna and 23,360 were in Barisal - along with 36,968 children under two – 19,628 in Khulna and 17,340 in Barisal. In addition, a total of 48,000 FNS members have received USG assisted short-term agriculture sector productivity or food security training during this reporting period. Among the farmers who received training, some 42,620 applied new improved technology that they learned from the SPRING facilitated FNS sessions during the year, of which 57% were in Khulna and 43% in Barisal division. In line with that, they used some 376 hectares of land for Homestead Food Production (HFP) - of this land, 44% of it was in Barisal and the remaining 56% was in Khulna. In the case of trainings, SPRING provided training to 956 individuals (902⁶ sub-assistant agriculture officers of the Ministry of Agriculture and 54 staff members of collaborative partners from other USAID projects) on child health and nutrition in this reporting year.

⁵ Previously these groups were called Farmer Field School (FNS)

⁶ It was refresher training

Figure 5. FY14 Targets vs Achievements (LOA)



As a part of its activities in five districts in Khulna division and four districts in Barisal division, SPRING has made 721,048⁷ contacts through FNS sessions, 311,484 contacts through SAAOs and 2,040,962 contacts through the health system. As a result of this, more than 2.7 million (2,712,970) rural households⁸ received benefits directly from USG interventions. In addition, 51 percent of these contacts have been made in Barisal whereas 49% were in Khulna.

2. Successes and Challenges

SPRING has seen tremendous success in the linking of agriculture and nutrition in Bangladesh. Despite the considerable doubts that people had about the ability and willingness of agricultural extension agents (a.k.a. SAAOs) to provide information on nutrition, the program has seen an important acknowledgement by employees of the MOA and other community health workers to embrace these important nutrition messages. SPRING has also had success in its close collaboration and work with the GOB. SPRING meets on a regular basis with MOHFW officials at central, divisional, district and *upazila* levels and works closely at the community levels through its work with the community clinics as well. This close collaboration has allowed SPRING to leverage important relationships and necessary support from government counterparts.

By way of challenges, the principle difficulty the project has faced has been due to the political instability in the country. November 2013 through February 2014 proved to be a very challenging time for the project, particularly with transportation to the more remote areas of the country due to incessant public strikes, or *hartals*. Random violence was unpredictable and made both SPRING staff and FNS participants uneasy to travel. SPRING was, however, able to safely and effectively navigate this obstacle. Some activities were delayed as a result, though the program was able to make up for lost time later in the fiscal year.

⁷ It was reported 360,524 in this year without double counting

⁸ This is the summation of contacts that SPRING made through FNS, agriculture and health in this reporting year

BANGLADESH ANNEX 1: SUCCESS STORIES



MOTHERS BECOMING HOMESTEAD FARMERS IN BANGLADESH

Anowara is an impoverished homemaker living with her husband, Yusuf Ali, and two children in South Sakuchia Village in Manpura, Bhola – one of the most remote islands in the southern region of Bangladesh. Like most rural women in this area, she is illiterate and has limited knowledge of optimal nutrition practices during pregnancy and for her young child.

As a young mother, Anowara faced various difficulties, including the lack of income to provide three meals a day to her children. As a small-scale farmer, her husband was struggling to provide food on a regular basis. “We were really disappointed and felt stressed while dealing with this challenging situation.”

The couple did not understand the importance and impact that key practices could have on health and nutrition, such as exclusive breastfeeding for six months, vitamin intake during pregnancy, and washing hands at critical times (such as before feeding the children). Anowara and Yusuf Ali's children continued to suffer from bouts of diarrhea, fatigue, and the common cold. The lack of nutritious food and continual sickness placed a large burden on the family, often causing unhappiness, testing emotions, and resulting in quarrels within the family.

“Diligence and will can make a life joyful.”

-Anowara, homestead farmer of Manpura



Anowara is showing a sweet gourd in her garden with pride.

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project invited her to join a farmer nutrition school (FNS) - a group-based learning activity in which homestead food production techniques, along with various nutrition and hygiene messages, are taught to pregnant and lactating women. As a lactating mother, Anowara joined the FNS group in South Sakuchia in October 2013.

By joining an FNS, Anowara received valuable knowledge on hygiene, nutrition, and homestead food production, including techniques to improve vegetable gardening, poultry rearing, and fish culture. These lessons helped change her mindset and led to a positive transformation at home. Using the valuable information Anowara learned through her participation in FNS sessions, particularly on improved horticultural practices, she was able to practice year-round farming and produce many nutritious vegetables for her family. She was amazed to see the increased production, which fully satisfied her family's daily needs. Utilizing improved technologies, she also started rearing poultry. Using the “hajol,” an innovative hatching pot, and practicing early separation of chicks helped her produce more eggs as well as provide crucial animal protein to the family diet. She was therefore able to provide her children with nutritious food that will help make them healthier.

“It is a great experience for me and my family to cultivate such a huge amount of nutritious food in the simplest way with less effort, which was beyond our imagination,” said Anowara.



Utilizing a technique taught in the FNS, Anowara separates her chicks and chicken when feeding them.

This story is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031. The SPRING Project is managed by JSI Research & Training Institute, Inc. The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

The SPRING Project - www.spring-nutrition.org

BANGLADESH ANNEX 2: PMP

PMP Target v/s Result		FY'14 (Oct'13-Sep'14)				
No.	Indicator	Target	Barisal	Khulna	Achievement	%
2a	Percentage of supportive supervision visits made to CCs, SAAOs	100%	100%	100%	100%	100%
2b	Percentage of household visits made to FFS beneficiaries	100%	100%	100%	100%	100%
3	Number of households receiving seeds	48,000	23,360	24,640	48,000	100%
4a	Percentage of HFP beneficiaries with gardens that meet selected characteristics	80%	67%	82%	75%	93%
4b	Percentage of HFP beneficiaries raising both plants and animals	56%	79%	67%	73%	130%
4c	Percentage of target population households practicing HFP	60%	67%	82%	75%	124%
4d	Percentage of households growing at least four types of vegetables through HFP	60%	65%	70%	68%	113%
5	Number of active FFS (new, current, and cumulative)	2,560	1,168	1,392	2,560	100%
6a	Number of people trained in child health and nutrition through USG-supported programs	4,367	458	498	956	22%
6b	Number of supervisory level health workers trained as Master Trainers in ENA/EHA	295	-	-	-	0%
6c	Number of frontline health workers trained in ENA/EHA	2,298	-	-	-	0%
6d	Number of frontline agriculture extension workers trained in ENA/EHA	524	427	475	902	172%
6e	Number of collaborative partners trained in ENA/EHA	1,250	31	23	54	4%
7a	Number and percentage of trained health workers who report providing ENA/EHA services or messages	1,005	394	460	854	85%
		44%	75%	63%	69%	158%
7b	Percentage of PLW with children <2 years reached with nutritional and hygiene messages	53%	58%	71%	64%	121%
7c	Number of PLW and women with children <2 years reached with nutritional/hygiene messages through FFS	691,200	339,638	381,410	721,048	104%
7d	Number of contacts with PLW and women with children <2 years reached with nutritional/hygiene messages through the health system	1,967,105	1,060,052	980,910	2,040,962	104%
7e	Number of contacts of households with PLW and women with children <2 years reached with nutritional/hygiene messages through agriculture extension workers	269,172	148,168	163,316	311,484	116%
8	Number of individuals who have received USG supported short-term agriculture sector productivity or food security training	48,000	23,360	24,640	48,000	100%
9	Number of farmers and others who have applied new technologies or management practices as a result of USG assistance	38,400	18,342	24,278	42,620	111%
		12,487	6,795	7,456	14,251	114%
		50,887	25,137	31,734	56,871	112%
10	Number of hectares under improved technologies or management practices as a result of USG assistance	268	164	212	376	140%
11	Percentage of observations of ENA/EHA messages being provided by health care workers and FFS facilitators through supportive supervision visits deemed to be of an acceptable quality	50%	64%	77%	71%	141%
12	Number of rural households benefitting directly from USG interventions	2,927,477	1,378,039	1,334,931	2,712,970	93%
13a	Number of children under five reached by USG-supported nutrition programs (disaggregated by sex)	1,301,968	764,963	722,939	1,487,902	114%
13b	Number of children under five reached by USG-supported nutrition programs through FFS	36,968	17,340	19,628	36,968	100%
13c	Number of children under five reached by USG-supported nutrition programs through health system	1,265,000	747,623	703,311	1,450,934	115%

Appendix 6: SPRING/Ghana FY14 Annual Report

EXECUTIVE SUMMARY

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project in Ghana has effectively established both its physical and programmatic presence in the country. These include office establishment in both Accra and Tamale, and on boarding of staff. Of the 15 target districts, seven have staff embedded at the district level and have completed a scoping and planning process. Technical staff leads have been hired covering water, sanitation, and hygiene (WASH), nutrition, agriculture, as well as the two monitoring and evaluation (M&E) posts.

At the national level, SPRING/Ghana facilitated attendance for four members of the Ghanaian Government at the global Micronutrient Forum in Addis Ababa, Ethiopia held in June. SPRING/Ghana has worked hard to ensure effective coordination and collaborative support mechanisms are put in place, especially with Ghana Health Services (GHS), United Nations (UN) agencies, and other nutrition implementers in the country. This has been replicated at the regional level in Northern and Upper East Regions.

In addition, SPRING/Ghana has worked effectively with the Resiliency in Northern Ghana (RING) project to develop an Ebola preparedness plan to support government efforts in the Northern Region, which will be implemented in FY15 Quarter 1.

INTRODUCTION

Overview

During FY14, SPRING/Ghana focused on rapid project start-up activities, including work plan development, recruitment for key positions, office establishment in Tamale and Accra, and relationship building with key stakeholders and implementing partners.

On February 4, 2014, SPRING/Home Office received a concept note from USAID/Ghana requesting support in achieving their goal of reducing stunting by 20 percent in the USAID Feed the Future zones of influence (ZOI): the Northern Region, the Upper East Region, and the Upper West Region. The concept note proposed delivery of a broad range of evidence-based nutrition interventions in 10 districts; and was designed to supplement existing USAID investments in the ZOI, and accelerate progress toward the Feed the Future stunting reduction target.

In late February 2014, SPRING's Director of Country Initiatives and Director of Operations and Finance visited Ghana to clarify potential project directions and establish a SPRING project presence. In late March 2014, SPRING fielded a three-person design team to work with USAID in finalizing potential project directions. The team developed a work plan that included a brief background on the nutrition situation in Ghana, with particular focus on the Feed the Future ZOI, and presented activities to be carried out through the current life of the SPRING project (March 2014 through September 2016) as well as illustrative activities for an additional year through September 2017. This plan provided detailed activities, by quarter, for the first 1.5 years of implementation (March 2014 through September 2015) and is organized around the following five objectives:

(1) Improved delivery of high-impact nutrition services;

- (2) Increased demand for high-impact nutrition practices and services;
- (3) An improved enabling environment for adoption and delivery of high-impact nutrition practices and services;
- (4) An enhanced evidence base regarding delivery of selected high-impact interventions; and
- (5) An enhanced policy environment for delivery of state-of-the-art nutrition interventions.

The work plan was approved by USAID/Ghana on June 9, 2014, and shortly thereafter, additional funding was granted to expand the geographical scope of the project into five new districts. SPRING/Ghana has identified the fifteen target districts where interventions will be implemented and focused on the operations of starting up project activities. The project has hired 24 technical and finance and operations staff, set up offices in Tamale and Accra, and conducted district scoping visits in seven districts.

Geographic Coverage

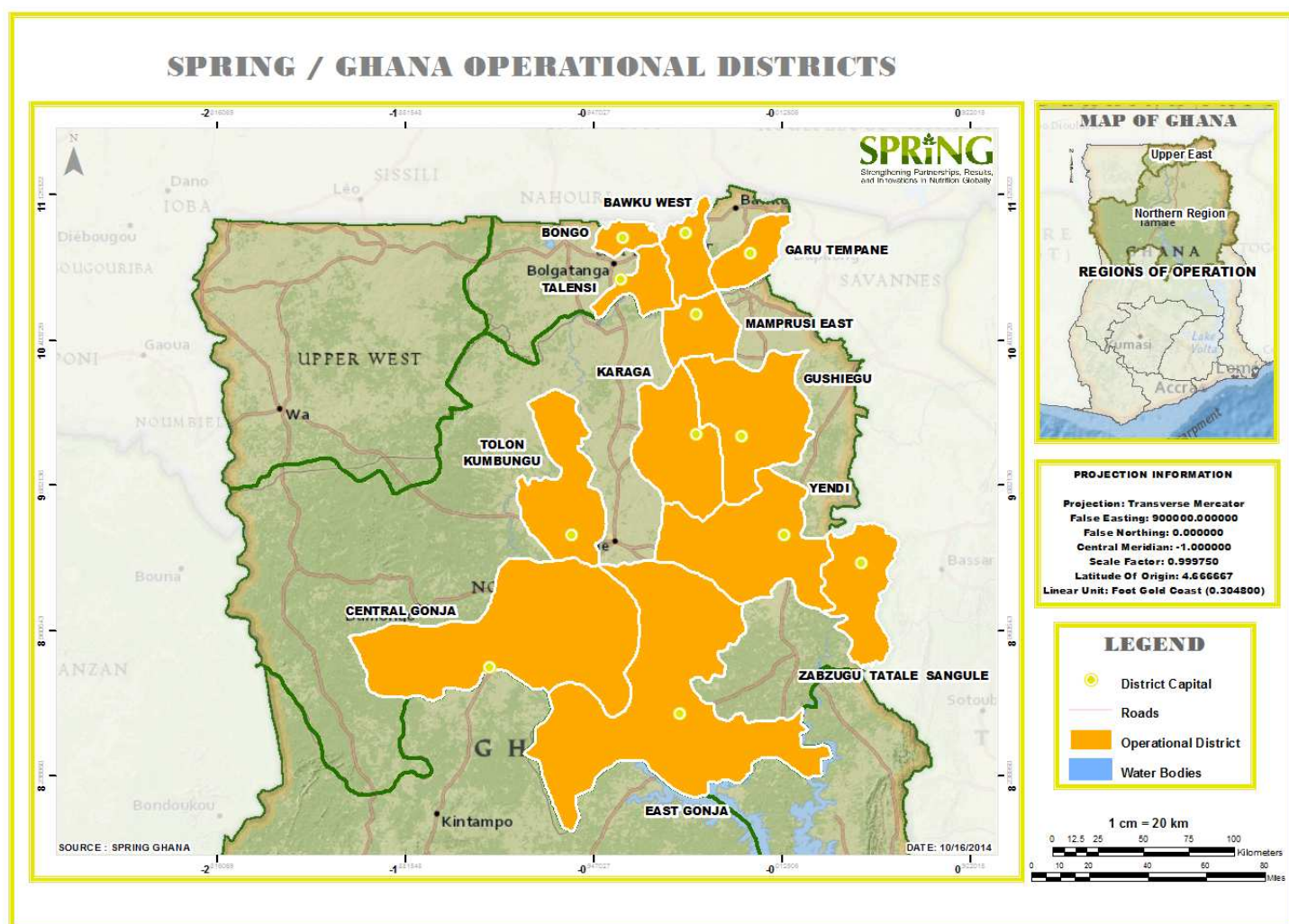
SPRING/Ghana program efforts will be targeted in fifteen districts in the Northern and Upper East regions in Ghana. These districts have been identified in consultation with GHS and USAID/Ghana using selection criteria developed during the initial work planning process (see Table 1).

Table 1: SPRING/Ghana Zone of Influence (ZOI) District Data

Region	District	Under 5 Population in District (using new district weighting)	NSS rates stunting percentage	population stunted using NSS rates	Under 5 Stunting Rate in Districts (ZOI) (7)	Population Under 5 Stunted in ZOI 2012	Projected Under 5 Children Stunted 2017
Zone of Influence	All Districts in ZOI	730,502			36.08%	263,565	59,135
Northern	Yendi	39,200	29.5	11,564	54.20%	21,246	4,767
Northern	Mion	26,133	30.0	7,840.0	54.20%	14,164	3,178
Northern	Tolon	37,507	43.1	16,165	47.80%	17,928	4,023
Northern	Kumbugu	20,196	43.1	8,704.5	47.80%	9,654	2,166
Northern	Karaga	18,987	41.7	7,917.5	43.50%	8,259	1,853
Northern	Gushiegu	18,513	30.2	5,590.8	43.10%	7,979	1,790
Northern	Gonja Central	19,273	22.0	4,240.0	36.30%	6,996	1,570
Northern	East Gonja	24,026	22.7	5,453.9	35.80%	8,601	1,930
Northern	Mamprusi East	33,739	36.1	12,180	29.70%	10,021	2,248
Northern	Tatale Sangule	22,805	22.6	5,154.0	29.30%	6,682	1,499
Northern	Zabzugu	21,911	22.6	4,952	29.30%	6,420	1,440
Upper East	Bongo	12,053	29.6	3,567.6	56.90%	6,858	1,539
Upper East	Talensi	9,429	19.7	1,857.5	33.40%	3,149	707
Upper East	Garu Tempane	21,847	21.1	4,609.8	30.00%	6,554	1,471
Upper East	Bawku West	10,952	29.2	3,197.8	27.60%	3,023	678
Total/Averages for 15 ZOI Districts		336,571	29.55	102,994	39.93	137,534	30,859

Below is a map showing the locations of the target districts.

Figure 1: Map of SPRING/Ghana Target Districts⁹



KEY PROGRAMMATIC ACTIVITIES AND ACHIEVEMENTS

Objective 1: Improved delivery of high-impact nutrition services

Overview

One of the key components to ensure the delivery of quality nutrition services is the availability of key nutrition-related commodities at the district level. SPRING/Ghana has engaged with UNICEF, GHS, and USAID|DELIVER to work through a detailed procurement process for nutrition supplies and commodities for use at the Community Health Improvement Services (CHPS) level. In addition, SPRING/Ghana has designed a nutrition supply chain assessment exercise in collaboration with USAID|DELIVER, which will be held the last week of October 2014, in both the Northern and Upper East Regions. Main activities have included protocol development, tool design, and participatory engagement with GHS in both regions.

⁹ Note: Shapefiles for newly demarcated government districts (Kumbungu, Tatala Sangule & Mion Districts) are currently not available. We will update the map as soon as they are received.

Strengthening optimal infant and young child feeding (IYCF) practices is a known effective intervention for improved nutritional outcomes and Ghana has committed to institutionalizing this approach throughout the health system to the community level. SPRING/Ghana has engaged extensively with UNICEF and GHS to ensure that the support planned for IYCF trainings is well coordinated and will ensure greater reach at the CHPS level within target districts. Through district scoping and planning visits, SPRING/Ghana gained knowledge on the capacity of service providers, community volunteers, and community-based groups in IYCF; training targets; and key contact points. Within draft district plans, training commitments for IYCF within the facilities and communities has been identified inclusive of mother to mother and father to father groups. Additionally, SPRING/Ghana has gathered IYCF materials, including job aids and tools, and defined competency criteria for the delivery of IYCF within the project's performance monitoring plan (PMP), which will be measured and reviewed by both GHS and UNICEF.

Anemia has continuously been highlighted as an issue both at the district level and at the national level, but SPRING/Ghana is yet to access any national level training packages/needs. SPRING/Ghana has been in discussion for the design of supervisory tools and will develop the quality improvement approach as soon as the Senior Nutrition Advisor is in-country.

It is not yet entirely clear what direction the government plans to take in the rollout of micronutrient powders (MNPs). Questions and concerns remain regarding the specific formulation for the MNPs; their potential interaction with malaria; and the sustainability of the product post donor funding. Although the technical review group has unanimously recommended the use of MNPs and their inclusion into the Ghana Draft Nutritional Policy, following World Health Organization (WHO) global guidelines, movement on this is slow and SPRING/Ghana has been advised to develop an operations research agenda in collaboration with the GHS. In the meantime, SPRING/Ghana is developing a proposal to cover six districts in the provision of MNPs to children ages 6-23 months through a facility based distribution system. This will be matched with training and SBCC messages to ensure compliance and reach. In addition, there has been interaction with WFP to look at the provision of MNPs through commercial outlets. Where possible, commonalities on proposals will be utilized to ensure the maximum use of data.

Lessons Learned and Next Steps

SPRING/Ghana has been supported by USAID to undertake procurement through USAID|DELIVER of key nutritional commodities. With the reticence of GHS to approve use of specific formulations of MNPs until research protocols are identified and the procurement timeframe in which USAID|DELIVER must work within, SPRING/Ghana has agreed to remove the MNP from the current procurement schedule run through USAID|DELIVER.

Objective 2: Increased demand for high-impact nutrition practices and services

The Manoff Group, one of SPRING's five implementing partners, will provide TA to designing and implementing SPRING/Ghana's social and behavior change communication (SBCC) activities, starting most immediately with the development of the project's SBCC strategy. District exploration conducted to date has examined existing sources of mass media and interpersonal communication including drama groups and radio sketches, lessons learned from those experiences. This has provided some immediate opportunities for engagement with community-based drama groups. SPRING/Ghana has also identified that Mother-To-Mother-Support-Groups (MTMSG) have been used for promoting exclusive breastfeeding and supportive environment to exist, but in most cases have been

dysfunctional post other project support. SPRING/Ghana will direct efforts at activating and/or forming new MTMSGs and equip them as contact points for IYCF.

Initial conversations have also taken place with the school health elements of the work plan to enable inclusion of nutrition messaging and the potential for the trial of iron supplementation for adolescent girls and general education on anemia prevention.

Lessons Learned and Next Steps

The project's SBCC strategy will be drafted in FY15 Quarter 1 in a series of sub-strategies for key program areas. It will include key behaviors to be addressed and prioritized communication activities.

Objective 3: Improved enabling environment for adoption and delivery of high-impact nutrition practices and services

Within the districts of northern Ghana, WASH remains a challenge. Open defecation is widely practiced all areas. Support to improve WASH practices has been provided by UNICEF, but to date results are modest. There is a high level of interest and engagement from the district assemblies in this agenda and work has taken place to map out the model with communities. The introduction of tippy taps is agreed in district and SPRING/Ghana will mix strategies to amplify the WASH messages. RING will support some limited hardware in seven of the target districts.

SPRING/Ghana and RING have also developed a joint Ebola support plan for the Northern region which includes WASH elements and will be prioritized for implementation.

The presence of the staff and work plans means that SPRING/Ghana is well positioned to initiate quarterly nutrition coordination meetings. SPRING/Ghana has attended all Northern region coordination events as well as national coordination events so far, and has also participated in FTF Chief of Party coordination meetings.

Lessons Learned and Next Steps

The Ebola preparedness plan will be a priority in the FY15 Quarter 1.

Objective 4: An enhanced evidence base regarding delivery of selected high-impact interventions;

SPRING/Ghana has worked on the identification of test kits for aflatoxin measurement reaching out the Peanut & Mycotoxin Innovation Lab (PMIL) for specific advice and sampling strategies. In addition, contacts have been made with the Ministry of Food and Agriculture (MoFA), Savanna Agricultural Research Institute (SARI), Nestlé, and Hershey's projects on peanut butter regarding the potential for limited aflatoxin peanuts and current support.

SPRING/Ghana has also been active in advising in the design and formulation of the Livelihood Empowerment Against Poverty (LEAP) 1000 program with both UNICEF and the Ministry of Gender, Children and Social Protection at the national and regional level.

Objective 5: An enhanced policy environment for delivery of state-of-the-art nutrition interventions

Overview

In order to be well positioned for policy engagement and discussions, SPRING/Ghana has established a strong level of contacts. To date SPRING/Ghana has participated in the following meetings:

- GAIN meeting on Optifood
- SUN meeting on costing
- SUN meeting on agriculture and nutrition linkages
- Newborn strategy dissemination meeting called by the Ministry of Health
- MNP national level stakeholder meeting on WHO recommendations
- IYCN/CMAM GHS retreat Kumasi, including presentation by GHS
- Ebola coordination meeting
- INGO forum

Lessons Learned and Next Steps

SPRING/Ghana has broached the idea of the pathways to nutrition support to FTF partners to the Sustainable Economic Growth Director at USAID and will follow up accordingly.

ADMINISTRATION AND MANAGEMENT

Recruitment

During the reporting period, efforts focused on recruiting the right people and skill set, and to date we have built a strong team composed of 24 staff members. The recruitment for a number of positions is still underway, with the following positions that will be hired in FY15 Quarter 1:

- Regional Finance and Administration Manager
- SBCC Advisor
- SBCC Officer
- 5 District Coordinators
- 10 District Officers

Office Set Up and Operations

SPRING/Ghana has rented two office buildings for the Accra and Tamale offices. To create a conducive office and work environment, the two offices were provided with the requisite office equipment, internet connectivity, and other IT facilities. Aside from these two main offices, five office spaces have been secured from the district assemblies (which is the local government's administrative set up), for the project's District Coordinators and District Officers to occupy. These are in Zebiila and Bongo Districts in the Upper East region; and Karaga, Tolon and Kumbungu districts in the Northern region. These office spaces will require minor refurbishments and the provision of basic office equipment and furniture, the procurement processes for which are underway. Negotiations are also on-going to obtain similar office space within existing government structures for the remaining 10 Districts.

USAID disposed of five vehicles (one 2010 Ford Explorer, two 2011 Ford Explorers, one 2011 Ford Ranger and one 2011 Nissan Pathfinder) and several computers, printers and photocopiers from FOCUS to SPRING SPRING/Ghana. This has allowed SPRING/Ghana to hit the ground running and save project funds.

MONITORING AND EVALUATION

Draft Performance Management Plan

SPRING/Ghana presented a draft narrative of the Performance Management Plan (PMP) which outlines a monitoring and evaluation (M&E) system that will be setup as part of an implementation process to facilitate the assessment of SPRING's intended results.

The draft PMP includes a results framework which illustrates graphically the relationship between the Intermediate Results (IRs) and the project's objectives (POs). Also embodied in the narrative are guidelines for the collection of specific information that will be used to assess the performance of the project in order to guide decision making. The plan also lays out planning and implementation procedures for the project's Monitoring team for effective assessment and reporting of progress made towards the achievement of the anticipated results and targets set by SPRING/Ghana.

Draft Performance Indicator Reference Sheets

SPRING/Ghana again presented a draft of the Performance Indicator Reference Sheets (PIRS) which consist of the IRs and their corresponding indicators, the key characteristics of each stated indicator, as well as information related to the collection, quality, use and preservation of the data on the indicators. Also indicated in the PIRS are the data collection methods of each indicator, staff responsible and schedules for data collection, analysis and reporting. A total of 38 performance indicators will be addressed.

Appendix 7: SPRING/Haiti FY14 Annual Report

INTRODUCTION

Overview

At the request of USAID/Haiti, SPRING established a presence in Haiti in February 2012. SPRING/Haiti's early efforts were focused on finalizing work initiated by the USAID-funded Infant & Young Child Nutrition (IYCN) project—specifically, the finalization of the national infant and young child feeding (IYCF) and counseling package. Since early 2013, project efforts have shifted to focus exclusively on supporting the roll out of nutrition assessment, counseling, and support (NACS) in Haiti. This year, SPRING/Haiti placed a particular focus on strengthening the continuum of care through the NACS approach in its twelve health facilities across five departments in Haiti.

SPRING/Haiti's FY14 activities were guided by four strategies: (1) Strengthen policy, advocacy, and stewardship for nutrition; (2) Promote innovative and evidence-based communications approaches to social and behavioral change; (3) Enhance systems and capacity for delivery of quality nutrition services; and (4) Expand evidence-based learning for designing, planning, and managing effective nutrition programs. Activities at the facility level included training health workers on NACS and IYCF and counseling, ensuring that health facilities are equipped with the necessary nutrition equipment and supplies, working with health facilities to effectively incorporate nutrition into their regular quality improvement (QI)-related activities, and supporting health facilities to develop and/or strengthen existing health management information systems (HMIS), and encourage regular use of data for decision-making.

SPRING/Haiti has worked closely with the *Ministère de la Santé Publique et de la Population* (MSPP) to advocate for improved policies, and strengthen the overall stewardship and leadership for the NACS approach in Haiti, and built very strong collaborations with other partners, including the Haiti Nutrition Security Program (NSP) of Partners of the Americas, U.S. Centers for Disease Control and Prevention (CDC), UNICEF, and HEALTHQUAL to strengthen and coordinate nutrition activities. This Annual Report highlights achievements from key activities within each strategy that contributed to the strengthening of the NACS continuum of care in target health facilities for the period from October 1, 2013 – September 30, 2014.

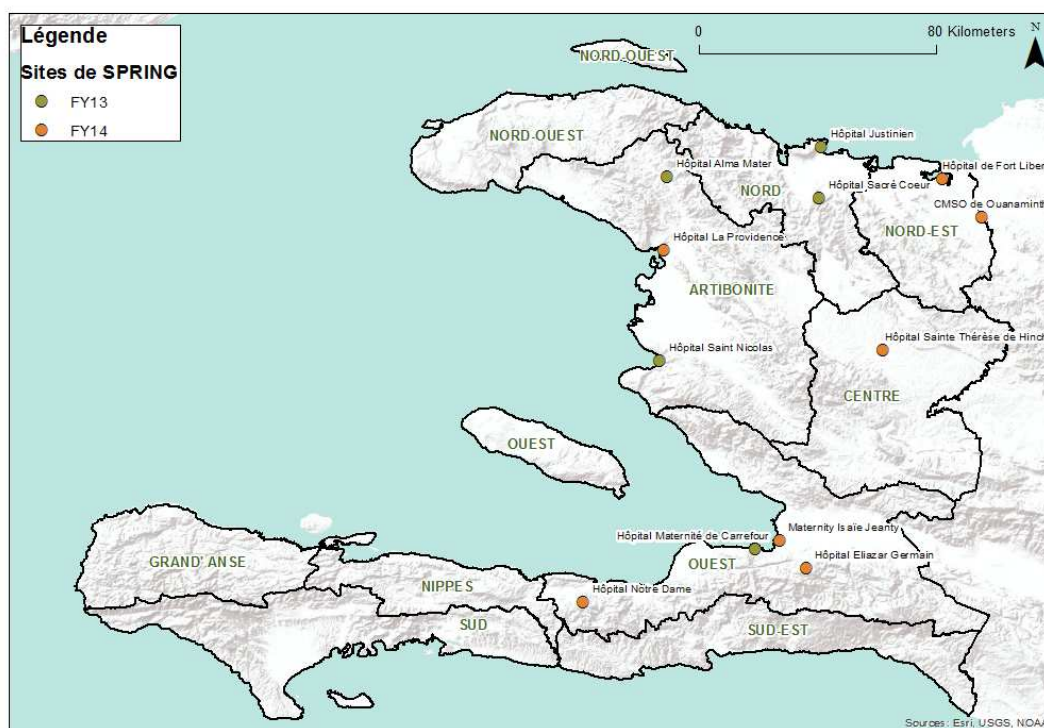
Geographic Coverage

In FY14, SPRING/Haiti reached 12 health facilities across five departments: the West, Artibonite, North, Northeast, and Center departments. The 12 target health facilities for FY14 included five health facilities that SPRING/Haiti initiated work in FY13, and scale-up to an additional seven health facilities. A list and map of these 12 target health facilities can be found in Table 1 and Figure 1, respectively.

Table 1: List of target health facilities for the SPRING/Haiti Project in FY14

Name of Facility	Department	Part of former Manman ak Timoun Ansante project	Has a PTA	Has a USN
Hôpital Universitaire Justinien	North	Yes	Yes	Yes
Hôpital Sacré-Cœur de Milot	North	Yes	Yes	Yes
Hôpital St. Nicolas de St. Marc	Artibonite	Yes	Yes	Yes
Hôpital Alma Mater de Gros Morne	Artibonite	Yes	Yes	Yes
Hôpital Maternité de Carrefour	West	Yes	Yes	Yes
Hôpital Maternité Isaie Jeanty	West	Yes	No	No
Hôpital de Fort Liberté	Northeast	Yes	Yes	Yes
Centre Médico Social de Ouanaminthe	Northeast	Yes	Yes	No
Hôpital la Providence des Gonaïves	Artibonite	Yes	Yes	Yes
Hôpital Sainte Thérèse de Hinche	Center	Yes	Yes	Yes
Centre Hospitalier Eliazar Germain	West	No	Yes	Yes
Hôpital Notre Dame de Petit Goave	West	Yes	Yes	Yes

Figure 1: Map of target health facilities for the SPRING/Haiti Project in FY14, by the fiscal year that SPRING/Haiti initiated activities



KEY PROGRAMMATIC ACTIVITIES AND ACHIEVEMENTS

Strategy 1: Strengthen policy, advocacy, and stewardship for nutrition

Overview

In FY14, SPRING/Haiti provided leadership for strengthening policy, advocacy, and stewardship for NACS in Haiti at the national and departmental level. Key achievements included advocating for the NACS approach at the monthly Nutrition Cluster Meetings (CTN) held at the MSPP, organizing a successful review and planning meeting that brought together NACS stakeholders, revising a national supportive supervision tool, and providing TA to finalizing national NACS tools.

The SPRING/Haiti Program Manager and the Technical Advisor-Training participated in nine¹⁰ of the eleven MSPP's CTN to advocate for the NACS approach and share progress on SPRING/Haiti's implementation of NACS at the facility-level. With the Nutrition Focal Persons (NFPs) present, SPRING/Haiti, in collaboration with the MSPP, reinforced the importance of assessing nutritional status

"I am happy with SPRING/Haiti's progress, and how the SPRING/Haiti name has become synonymous with nutrition and NACS".

through anthropometric measurement, recording anthropometric measurements in client files, interpreting anthropometric measurements, and referring malnourished clients to in-patient nutrition units (*Unité de Stabilisation Nutritionnelle*, USN) or to out-patient nutrition units (*Programme Thérapeutique Ambulatoire*, PTA). Through the CTN meetings, SPRING/Haiti also advocated for routine use of QI processes, and for health facility QI teams to more effectively incorporate nutrition into their regular QI activities. SPRING/Haiti's participation in the CTN has been significant, and the project is viewed as a leader in NACS in Haiti. At a stakeholder meeting in September 2014, which included health directors and providers from all 17 target facilities, the Director of the Nutrition Unit at MSPP expressed her deep satisfaction with the work SPRING/Haiti has undertaken to date, and with the strong support given to MSPP staff.

SPRING/Haiti has also played a key role in enhancing NACS leadership at the district and facility level. Throughout the year, SPRING/Haiti participated in several meetings with the Health Department teams, USAID, UNICEF, HEALTHQUAL, CDC, and NSP to track the health facilities' progress in integrating NACS services into their current programs. In September 2014, SPRING/Haiti, in collaboration with the MSPP Nutrition Directorate, organized a two-day review and planning meeting that convened USAID, health facility directors, departmental NFPs, and implementing partners. The objective of the meeting was to discuss NACS progress to date, lessons learned, and progress toward using QI to reduce bottlenecks in the delivery of the NACS continuum of care. The meeting fostered transparent dialogue to troubleshoot common problems, and generated a lot of participant interest. Health facilities agreed on seven criteria for determining a 'NACS Competent' health facility (see text box below). Based on these criteria, they then conducted a gap identification and solutions brainstorming exercise tailored to their own facility to draw out the areas where help was most needed to improve the quality of nutrition services within their facility. The facility needs assessments provided an indication to SPRING/Haiti of where the project should emphasize its support for each facility (i.e. What type of training is most needed and for whom? Do they have sufficient tools and materials?). SPRING plans to tailor its support to the 17 health facilities it will work with in the coming year, based on the needs identified during this workshop.

¹⁰ February 2014 CTN: meeting was cancelled by the MOH – August 2014 CTN: SPRING Program Manager and Technical Advisor were on vacation.



Photo: Participants at the review and planning meeting held in September 2014 worked in small groups to determine criteria that make a health facility 'NACS competent.'
Credit: N. Racine

SEVEN CRITERIA FOR NACS COMPETENCE

1. Trained staff
2. Nutrition assessment as per MSPP norms
3. Nutrition counseling as per MSPP norms
4. Nutrition data using NACS Tools
5. A functional QI committee
6. Nutritional supplies available for clinical management of malnutrition and nutritional support
7. A referral and counter-referral system.

IN FY14, SPRING/Haiti also offered NACS leadership in Haiti through provision of TA to the MSPP and the FANTA project. SPRING/Haiti revised a national supportive supervision tool, and finalized national level NACS tools in FY14, as described in more detail below.

Upon request from the MSPP Nutrition Directorate, SPRING/Haiti worked with the MSPP to revise the existing national facility-level nutrition supervision tool. In October 2013, SPRING/Haiti, in collaboration with MSPP, organized a two-day stakeholders workshop "*Atelier sur l'harmonisation des outils de supervision des activités en nutrition*" to review existing nutrition supervision tools, and provide feedback for the revision of the national nutrition supervision tool. Following the workshop, SPRING/Haiti drafted and submitted a first version of the revised tool to the MSPP and implementing partners, and continued to work with the MSPP to refine the tool. In August 2014, SPRING/Haiti, in collaboration with the MSPP Nutrition Directorate staff, conducted the pretest of the draft supervision tool in four health facilities. The results of the pretest were presented at the CTN meeting in September. SPRING/Haiti is currently drafting a guidance document on how to use the tool, and the MSPP Nutrition Director will have the tool tested by the NFPs for their feedback. The tool will be finalized in early FY15.

SPRING/Haiti also supported the MSPP and FANTA to finalize the national NACS training package and reference materials developed by FANTA. FANTA closed in December 2013, and it became incumbent upon SPRING/Haiti to advocate with the MSPP to obtain the Minister's signature on the NACS package and reference materials. A change in the Minister and other unpredictable events delayed validating the signature, however, SPRING/Haiti hopes to obtain it in early FY15.

This year, the Scaling up Nutrition (SUN) focal person for Haiti (Director of the MSPP Nutrition Unit) requested TA from SPRING/Haiti through the SUN Secretariat to assist in moving the SUN-related agenda forward in Haiti. In February 2014, SPRING/Haiti supported a SUN-related meeting that brought together 42 nutrition partners from 17 partner institutions, including USAID, to discuss a multisectoral strategy to reduce undernutrition in Haiti. From June 8-27, 2014, a SPRING consultant provided TA to MSPP to develop a national SUN strategic plan and framework to revitalize the SUN movement in Haiti. This activity was funded through resources provided by USAID/Home Office.

Lessons Learned and Next Steps

A close collaboration with the MSPP was paramount to SPRING/Haiti's achievements in FY14. From SPRING/Haiti's launch in May 2012, it was clear that a close partnership with the MSPP would be critical to SPRING/Haiti's

success. The MSPP has been a key partner, and we will continue to reinforce this relationship to maximize project sustainability and capacity building. In FY15, SPRING/Haiti will continue to work closely with MSPP, and will expand its engagement with Department NFPs.

Strategy 2: Promote innovative and evidence-based communications approaches to social and behavioral change

Overview

At the MSPP's request, SPRING/Haiti revised selected IYCF counseling cards. SPRING/Haiti provided TA to the MSPP to update the cover, card number 23, and card number 26 of the IYCF counseling cards *"Bonjan fason pou bay yon tibebe manje depi l fèk fèt jouk li rive 24 mwa."* On February 28, 2014, SPRING/Haiti formally submitted a CD containing the final versions of the counseling cards with an electronic copy to the MSPP/UCPNAnu. SPRING/Haiti reprinted the revised counseling cards, and has distributed them to the MSPP Departmental NFPs to replace the cards in use, including those distributed during the IYCN project, where possible.

Lessons Learned and Next Steps

At the health facility level, counseling cards are available and are being used by health workers, although they are often regarded as personal copies rather than health facility copies. The health workers use the counseling cards for both one-to-one counseling with clients and for group education. In several target health facilities, the counseling cards, *"Bonjan fason pou bay yon tibebe manje depi l fèk fèt jouk li rive 24 mwa"* (IYCF counseling cards) and *"Bonjan Abitid nan manje ak liyèn"* (HIV counseling cards) are the only job aids that support their behavior change work.

In FY15, SPRING/Haiti will develop or identify and disseminate materials for mass education in waiting rooms in pediatrics and prenatal units (e.g. large counseling cards, posters, short videos and charts) to allow key messages on nutrition to reach a wider audience in health facilities. SPRING/Haiti will also provide training in nutrition counseling and group education techniques to key personnel within target health facilities.

Strategy 3: Enhance systems and capacity for delivery of quality nutrition services

Overview

In each project health facility, SPRING/Haiti aims to ensure a NACS continuum of care in critical contact points to reach those most likely to suffer the greatest impact of undernutrition: people living with HIV, people affected by tuberculosis (TB), children under the age of five, and pregnant and lactating women. In FY14, SPRING/Haiti strengthened the capacity of providers within HIV/TB, prenatal, and pediatric units to deliver quality assessment, referral, counseling, and case management services; and to use QI processes to reduce bottlenecks in the NACS continuum of care. In addition, SPRING/Haiti began work with a community-level implementing partner, NSP, to strengthen community-facility linkages. In FY14, 30 visits were made to health facilities to follow up on the status of the trainings, conduct supportive supervision, collect data, and support QI processes.

Building the capacity of health workers to deliver NACS services was a key achievement in FY14. SPRING/Haiti's Technical Advisor supported the 50 master trainers who were trained by SPRING/Haiti during FY13 and FY14 as they rolled out the national NACS and IYCF and counseling training packages to health workers at the twelve target sites. Health facilities had the option to select rolling out the trainings in a traditional workshop-style approach, or to conduct an on-the-job training (OJT) modular approach. In FY14, a total of 44 master trainers and

245 health workers were trained which is in line with our original target of 48 master trainers and 240 health workers. See Table 2.

Another critical component of quality service provision is the availability of necessary equipment. To help ensure that an adequate supply of anthropometric equipment is available at key contact points within each target health facility, SPRING/Haiti worked with the health facilities, the NFPS, and UNICEF to ensure that health facilities have the equipment and supplies necessary to implement NACS. There have been some results, but many units are still in need of replacement or additional anthropometric equipment.

Table 2. Training Approaches preferred by Health Facilities

Traditional Training Approach			OJT/Modular Training Approach		
FY13 Facilities					
	Target	Trained		Target	Trained
Hôpital Universitaire Justinien	20	24	Hôpital Maternité de Carrefour	20	15
			Hôpital Alma Mater de Gros Morne	20	22
			Hôpital St Nicolas de St Marc	20	21
			Hôpital Sacré Coeur de Milot	20	14
FY14 Facilities					
	Target	Trained		Target	Trained
Hôpital Ste Thérèse de Hinche	20	29	Hôpital de Fort Liberté	20	12
Hôpital la Providence des Gonaives	20	26	Centre Médico Social de Ouanaminthe	20	18
Hôpital Maternité Isaie Jeanty	20	23	Hôpital de Petit Goave	20	27
Centre Hospitalier Eliazar Germain	20	14			
Total	100	116	Total	140	129
Grand Total: Target 240 – Trained 245					

Strengthening QI processes within project health facilities was also a key achievement for SPRING/Haiti this year. In partnership with the MSPP, HEALTHQUAL, and CDC, SPRING/Haiti worked with the health facilities to strengthen their QI committees, and to incorporate nutrition into their regular QI activities. Regular meetings between SPRING/Haiti, the Core Team and I-Tech have taken place to ensure that all health facilities' QI committees have transitioned from HIVQUAL to HEALTHQUAL, which has been slow to date. In May 2014, SPRING/Haiti was invited to join the Core team, and in July 2014, SPRING/Haiti participated in the refresher workshop for the West departmental coaches to rekindle interest in the QI Committees and the support they need to help facilities to improve the quality of nutrition services. Five health facilities have adopted a nutrition QI project and are beginning to obtain results. For example, *Hopital St Therese de Hinche*, *Hopital Eliazar Germain*, and *Hopital Isaie Jeanty* have begun to routinely measure weight, height, and MUAC for all children (not just HIV+ patients); *Hopital St Nicolas de St Marc* now place more emphasis on routine nutritional counseling; and *Hopital Alma Mater de Gros Morne* have begun assessing how nutritional assessment and counseling has improved since training.

To improve community-facility linkages and ensure that clients receive referral, follow up, and preventive services at the community-level, SPRING/Haiti established a MOU with NSP, which focuses on nutrition interventions at the community level, to formalize collaboration between the projects. Throughout FY14, SPRING/Haiti has worked closely with NSP to train NSP staff in NACS, provide NSP with the NACS and IYCF and Counseling training packages, share the electronic version of the IYCF counseling cards, and provide ongoing technical support as NSP trained their nursing personnel. Discussions have begun on the reinforcement of the MSPP referral/counter referral system for tracking children under two, pregnant and lactating women, which will be implemented in FY15.

Lessons Learned and Next Steps

The trainings at the health facilities were challenging for several reasons. The principal challenges had to do with the rotation of staff between day and night shifts, and limited motivation or time to attend the full series of OJT sessions. The trainers worked hard to accomplish their targets, and in at least one case SPRING/Haiti introduced a more traditional training approach to accommodate facility specific needs.

A functional QI committee is essential to problem solving and enhancing service provision at the facility level, to assist the facilities to collect and analyze key information, diagnose underlying causes of gaps in the NACS continuum of care and identify the most effective improvement strategies. In FY15, SPRING/Haiti will advocate with HEALTHQual to support the revitalization of QI teams. In facilities with functional QI teams, SPRING/Haiti will build capacity of QI coaches on NACS through nutrition training and establish a low-cost QI Innovations fund to support low-cost feasible solutions to key bottlenecks which impact service quality. SPRING/Haiti will also host a semi-annual cross-facility QI sharing meeting.

Though NSP offered services in the USAID corridors, their community-level activities were not aligned with SPRING/Haiti's health facilities catchment areas. This will no longer be an issue in FY15. The NSP project will operate in the catchment areas of seven SPRING/Haiti project facilities in the West, North, Northeast and Artibonite. This alignment of SPRING/Haiti and NSP activities will allow for complementarity of services at the health facilities and community levels. To conduct accurate nutritional assessment, health workers must have access to functional equipment. SPRING/Haiti will work with the NFPs to ensure existing equipment is allocated to project sites. SPRING/Haiti will procure and distribute equipment, via the health departments, where equipment is not available.

Strategy 4: Expand evidence-based learning for designing, planning, and managing effective nutrition programs

Overview

This year, SPRING/Haiti initiated mixed-method operations research exploring the advantages and disadvantages of the on-the-job modular training methodology compared with a more traditional training approach. Baseline data were collected in January 2014 through interviews and observations. The results were presented in facility profiles that were shared and discussed with health facilities, the USAID/Haiti Mission, and the MSPP. They proved to be useful for planning and prioritizing activities to strengthen services. The follow-up data collection, which will include more qualitative data collection methods to explore perspectives on the training methodology, will occur in the first quarter of FY15. This activity is Field Support and Core funded.

Next Steps

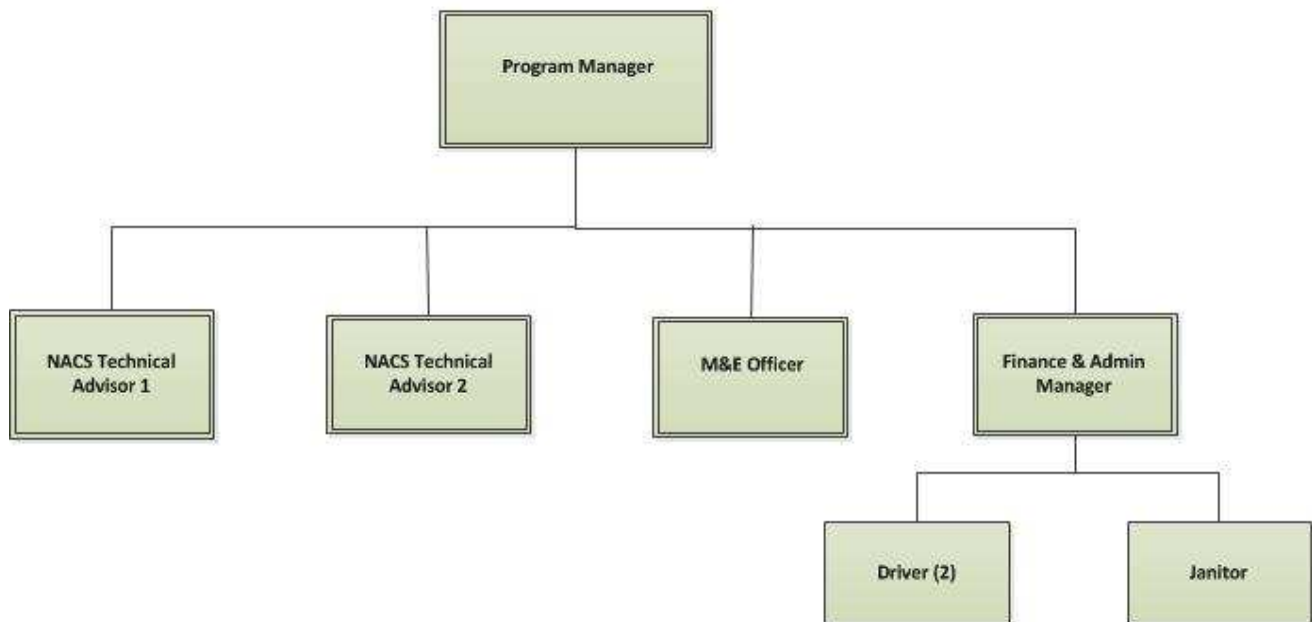
The roll-out of the cascade training by master trainers in their respective facilities was not completed until September 2014. The research will be conducted in FY15.

ADMINISTRATION AND MANAGEMENT

SPRING/Haiti has seen a number of changes to its staffing composition over the past year, and given that the team is comprised of only four professionals, these have all had a notable impact on personnel. The most significant adjustment came with the resignation of Dr. Herby Verna, who served as Country Manager from July 2013 – December 2014. With Dr. Verna's departure, Ms. Racine, who had been serving as Technical Advisor was promoted to lead the team as Program Manager. While initially this unexpected void was a hurdle to overcome, the team has taken very well to this change in leadership and have come to work effectively together. Another challenge arose with the departure of the M&E Analyst in June. Recruiting for his replacement took longer than expected which caused some delays with data collection, but the newly hired Monitoring & Evaluation (M&E) Officer is proving to be a strong asset and has not only filled the gap left, but strengthened the program's M&E component since joining.

In the coming year, given SPRING/Haiti's expansion to 17 health facilities, the project plans to grow its modest team from four to five, by adding a second NACS Technical Advisor to oversee the implementation of NACS in health facilities and provide nutrition TA to MSPP staff, implementing partners, and other relevant stakeholders. This is a much needed and welcome addition to the team. Recruitment for this position is currently underway.

SPRING/Haiti



MONITORING AND EVALUATION

M&E is a high priority for SPRING/Haiti. This year, SPRING/Haiti worked closely with health facility data clerks and successfully collected and reported the FY14 SAPR and APR data. There have been some challenges along the way:

- Of the 12 target sites, only seven provided complete data to calculate the FN_THER indicators.
- Data for the various indicators come from different health facility units and data collection systems without using the same unique identifiers, making it difficult to calculate the FN_THER indicator.
- Age (or date of birth), height, and weight of some patients are not accurately reported, which renders difficult the nutritional assessment process of this category of clients.
- MUAC for pregnant women is not recorded in the iSanté system, which makes it difficult to nutritionally classify these patients.
- Nutritional classification and counseling are not routinely tracked in the iSanté systems or health facility registers.

As indicated earlier, a baseline assessment was conducted in the seven FY14 health facilities as part of the operations research. In addition, SPRING/Haiti met several times with HEALTHQUAL and I-Tech to discuss the possibility of integrating variables into iSanté. They advised SPRING/Haiti that iSanté being a National Tool, SPRING/Haiti was to address the matter with the MSPP *“Unité d’Evaluation et de Programmation (UEP)”*. In September 2014, the USAID Senior Public Health Advisor and SPRING/Haiti Program Manager met with the Director of the UEP who advised that USAID and SPRING/Haiti contact him in early FY15. UEP was in the midst of a national evaluation of all national tools and until the evaluation was completed they could not consider our request.

Lessons Learned and Next Steps

SPRING/Haiti has limited control of the data collected and provided by the health facilities and has some concerns about the quality of data generated by health facilities. SPRING/Haiti staff have been and will continue to actively and constructively discuss this issue with health facilities, perhaps most importantly with their QI teams. In summary, to facilitate data collection and in an effort to assure greater data quality, SPRING/Haiti will do the following:

- Request and obtain data on a monthly basis instead of on a quarterly basis.
- Reinforce M&E site visits to enhance data quality and accuracy.
- Work closely with data clerks to enhance their understanding of reporting templates.

Key M&E activities in FY15 will include conducting routine monitoring and evaluation, and promoting sustainable mechanisms for monitoring select monitoring, evaluation, and reporting indicators.

HAITI ANNEX 1: SUCCESS STORY

Using OJT for Better Nutrition in Haiti¹¹

Patricia Chéry is a nurse in the prenatal unit at *Hôpital Maternité de Carrefour* in West Department, Haiti. Miss Chéry, as with many healthcare workers in Haiti, has received training from outside programs throughout her career. Recently, Miss Chéry participated in the nutrition assessment, counseling, and support (NACS) training provided by the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, with funding from the United States Agency for International Development (USAID), at her hospital. The training employed an on-the-job training (OJT) methodology—an innovative training approach that involves numerous sessions conducted on-site over the course of 2-3 months. The OJT approach, which can focus on any number of healthcare skills, brings the training to real-world practice.

Miss Chéry chose to participate in the training for a variety of reasons. She wanted to refocus her skills on nutrition services, and the OJT approach made the decision easier. Without disrupting her time on the job or requiring her to travel to an off-site training location, the OJT allowed Miss Chéry to practice new skills she was learning. She was also able to meet different health workers from her hospital and learn from their unique experiences.



Miss Patricia Chéry counsels a client using cards provided at the OJT.

Since participating, Miss Chéry has seen a difference in the way she treats her clients. She has a

renewed

understanding for the importance of nutritional assessment, and she uses counseling cards provided at the OJT to effectively communicate with her clients. Miss



Miss Patricia Chéry conducts nutritional assessment with a client.

Chéry is more confident in counseling her clients to exclusively breastfeed, for example, and has noticed a change in her nutrition service delivery. *“Now I pay more attention to the clients’ anthropometric measurements. I put more emphasis on counseling and educating the clients on ways that can help them change their behavior... I feel more mature in my job and act with more confidence, vis-à-vis, my tasks and responsibilities.”*

Miss Chéry has also seen a change in her own behavior and attitude towards food and nutrition as an outcome of the NACS training. *“Before this training I used to eat a lot of junk food. I have become more conscious of what to eat and how to eat. I pay attention to quality food and have cut down on grease. I have not yet succeeded completely but every day I am making more effort to eat more nutritious food.”*

Miss Chéry is enthusiastic about the skills she learned from the NACS training, and has fully embraced the OJT approach. *“(There is an) advantage of learning while on the job and the ability to practice while on the job... and while you are practicing you are giving better care to the clients.”*

¹¹ A PDF version was submitted on October 17, 2014 and is available upon request.

HAITI ANNEX 2: M&E INDICATORS OF PROJECT OUTPUTS AND OUTCOMES

SPRING Haiti M&E Indicators of Project Outputs and Outcomes

Updated: 30 October 2014

No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements		Comments
				FY14		
				Targets	Achievements	
					APR	
Longer term outcome indicators						
1.0	PEPFAR C5.1.D	Number of eligible clients who received food and/or other nutrition services, by health facility [SPRING PMP 2] ‡	Number of eligible clients who were provided with RUTF during the reporting period. This indicator is calculated by dividing the total number of times eligible clients received RUTF by three times that they are eligible to receive food.	13,328	14,541	Achieved Target.
2.1	PEPFAR FN_THER (numerator)	Number of clinically undernourished PLHIV who received therapeutic and supplementary feeding	Number of clinically undernourished PLHIV who were provided with therapeutic and supplementary feeding. This indicator is calculated by dividing the total number times PLHIV received food by six times that they are eligible to receive food. Furthermore, note that when SPRING gets access to iSante, we will also report by ART status.	4,392	a. 13 b. 1,368	a. This includes the distribution of RUTF and RUSf only, which is only provided to children. There are few children who are HIV+ and fewer still who are clinically undernourished. Data on both the numerator and denominator were available for 6 facilities – analysis is confined

SPRING Haiti M&E Indicators of Project Outputs and Outcomes

Updated: 30 October 2014

No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		
					APR		
						<p>to these facilities.</p> <p>b. This includes the distribution of supplementary food in the form of dry rations. Please note that there were stock outs from April to August 2014.</p> <p>Data on both the numerator and denominator were available for 6 facilities – analysis is confined to these facilities. While data sources are different, we believe results are a reasonable representation of current coverage.</p> <p>Did not achieve target. As discussed, figures represent reporting from 6 of 12 facilities, and facilities experienced stock outs of key supplies for</p>	

SPRING Haiti M&E Indicators of Project Outputs and Outcomes

Updated: 30 October 2014

No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		
					APR		
						significant amounts of time during the reporting period. The target will be reassessed for FY15.	
2.2	PEPFAR FN_THER (denominator)	Number of PLHIV clients who were nutritionally assessed and found to be clinically undernourished	Number of PLHIV clients who were nutritionally assessed and found to be clinically undernourished according to WHO's criteria of classification of malnutrition	4,392	a. 15 b. 598	a. This figure reflects the total number of HIV+ children who were nutritionally assessed during the specified time frame. b. This figure reflects the total number of HIV+ adults who were nutritionally assessed during the specified time period Data on both the numerator and denominator were available for 6 facilities – analysis is confined to these facilities.	

SPRING Haiti M&E Indicators of Project Outputs and Outcomes

Updated: 30 October 2014

No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		
					APR		
						Did not achieve target. As discussed, figures represent reporting from 6 of 12 facilities, and facilities experienced stock outs of key supplies for significant amounts of time during the reporting period. The target will be reassessed for FY15.	
2.3	PEPFAR FN_THER	Percent of clinically undernourished PLHIV who received therapeutic and supplementary feeding	Number of clinically undernourished PLHIV who were provided with therapeutic and supplementary feeding. This indicator is calculated by dividing the total number times PLHIV received food by six times that they are eligible to receive food. Furthermore, note that when SPRING gets access to iSante, we will also report by ART status.		a. 87% b. 228%	Data on both the numerator and denominator were available for 6 facilities – analysis is confined to these facilities. While data sources are different, we believe results are a reasonable representation of current coverage. Achieved targets. Results for	

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets		Achievements	
						APR	
							children fall within an acceptable range and indicate that most HIV+ children receive prescribed nutrition support. Results for adults are more than twice the expected rate. Overachievement in adults indicates two possible scenarios: 1) Clients remain in the SF program for longer than the designated 3 months, or 2) Providers are prescribing SF for non-malnourished clients.
Output and outcome indicators, by strategy							

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements				Comments
				FY14				
				Targets		Achievements		
						APR		
3.1	USAID 3.1.9-1 / PEPFAR H2.3.D	Number of people trained in child health and nutrition through USG-supported health area programs, by topic, sex of participant, profession of participant, and health facility of participant [SPRING PMP 1.2]	Number of people trained in child health care and child nutrition through USG-supported programs during the reporting year. To count as completed a training: 1) Training objectives are clearly defined and documented 2) Participation in training is documented (e.g. through sign-in sheets or some other type of auditable training) 3) To count as "completed" the participant must attend the training as follows, depending on the number of days of the training: - training <=3 days: participant must sign in ALL days of training - training of 4 days: participant must sign in on 3 or more days - training of >=5 days: participant must sign in 4 or more days	288		295	Achieved Target.	

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				FY14			
				Targets	Achievements		
					APR		
3.2	PEPFAR FN_ASSESS	Number of PLHIV clients who were nutritionally assessed via anthropometric measurement	Number of PLHIV clients who had their height and weight measured	21,960	14,205		Target not achieved. The discrepancy between target and actual may reflect a reduced case load from initial estimates, but needs to be further investigated.
3.4		a. Percent of prenatal clients who were nutritionally assessed via anthropometric measurement according to guidelines	Numerator: Number of prenatal clients who had their <u>MUAC</u> measured Denominator: Total number of clients observed in ANC unit	60%	61.25%		Achieved Target.

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		
					APR		
		b. Percent of pediatric clients (< 2 years) who were nutritionally assessed via anthropometric measurement according to guidelines	Numerator: Number of pediatric clients who had their <u>height</u> , and <u>weight</u> measured, and <u>age</u> recorded Denominator: Total number of clients observed in pediatric unit	60%	45.76%	Did not achieve target. Caregivers do not always take anthropometric measures of pediatric clients. SPRING/Haiti will redouble efforts in FY15 to ensure that all providers take anthropometric measures when nutritionally assessing clients.	
		c. Percent of PLHIV clients who were nutritionally assessed via anthropometric measurement according to guidelines	Numerator: Number of PLHIV clients who had their <u>height</u> , and <u>weight</u> measured, and <u>age</u> recorded Denominator: Total number of HIV+ clients observed	60%	83.97%	Achieved Target.	
3.5	PEPFAR	Percent of PEPFAR-	Numerator: Number of PEPFAR-supported sites achieving 95% accuracy in categorization of	60%	0%	Did not achieve target.	

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		
					APR		
	FN_SITE	supported sites achieving 95% of nutrition assessments that result in an accurate categorization of malnutrition	malnutrition Denominator: Total number of PEPFAR-supported sites providing NACS services Specifically, this indicator will assess the accuracy of the anthropometric measurement process (i.e. height and weight), subsequent calculations (i.e. BMI) and categorization of malnutrition status following completion of measurements. These data should only be collected at sites offering NACS services as part of broader care and support services.			92% of observed HIV units measured age, weight, and height for more than 95% of their clients. Just four out of the 12 facilities, however, calculated BMI and accurately classified patients - none achieved the 95% accuracy level. BMI is not currently captured within the iSante system. SPRING/Haiti is working closely with CDC and other stakeholders to incorporate an automatic calculation of BMI within the iSante system, which will help considerably in this regard over time. We did not observe classification of pediatric	

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		
					APR		
						clients, but believe rates of accurate categorization will be significantly higher in those units.	
3.6		Percent of providers who provided nutrition counseling according to guidelines during consultation, by facility and unit/dept. (prenatal, pediatric, or HIV)	Numerator: Number of providers who were observed to do at least one of the following items during consultation: 1. Set/review nutrition goals with the client 2. Suggests small do-able actions for nutrition that the client can try 3. Has the client agree on at least one nutrition action to try 4. Develop/review a plan with the client to achieve the nutrition goals 5. Discuss possible challenges in implementing the plan or achieving nutrition goals Denominator: Number of providers observed during consultation	50%	NA	Not applicable. This indicator was only intended to be collected at the baseline and endline - it is directly associated with SPRING/Haiti's operational research looking at the effectiveness of two different training approaches. The baseline was conducted in January 2014 and the follow-up data collection will occur in December 2014.	

SPRING Haiti M&E Indicators of Project Outputs and Outcomes

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements	APR	
3.7		Percent of clients sampled who received nutrition counseling	Numerator: Number of clients who received nutrition counseling, meaning that the provider shared or communicated information regarding nutrition or feeding/eating during consultation. Denominator: Number of clients observed	70%	NA	NA	Not applicable. This indicator was only intended to be collected at the baseline and endline - it is directly associated with SPRING/Haiti's operational research looking at the effectiveness of two different training approaches. The baseline was conducted in January 2014 and the follow-up data collection will occur in December 2014.
3.8	PEPFAR New NACS indicator	Number of PLHIV who were nutritionally assessed and also received nutrition counseling	Number of providers who were observed to assess nutritional status (as defined by Indicator 3.3 - FN_ASSESS) and share or communicate information regarding nutrition or feeding/eating during consultation (see Indicator 3.7).	9,235	6,933		Did not achieve target. Nutritional counseling is provided only to new clients and freshly enrolled clients. Care providers do not

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No.	USAID Indicator No.	Indicators	Operational definition	Targets & Achievements			Comments
				FY14			
				Targets	Achievements		continuously counsel former clients, largely due to time constraints.
					APR		
‡ This indicator requires a stable supply of food and/or RUTF (procurement by donors) and availability at the facility level (national logistics systems). These factors are largely outside of SPRING's control. Additionally, it is important to underscore the point that the targets for food and RUTF are difficult to estimate and interpret due to the fact that an increase could indicate a rise in malnutrition (clients eligible for food/RUTF) or it could indicate improved provision by providers to eligible clients. Data presented are based on facility reports.							

Appendix 8: SPRING/Nigeria FY14 Annual Report

EXECUTIVE SUMMARY

The state of malnutrition among children under five years is high in Nigeria as shown by the 2013 Nigeria Demographic and Health Survey (NDHS) – 37 percent of Nigerian children under five years of age are stunted with sub-optimal infant and young child feeding (IYCF) practices being the major contributors to this rate. As part of efforts to reverse this trend, USAID, through the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, supported the development of tools and materials that can strengthen capacity and delivery of IYCF and nutrition programs. This has led to the use of harmonized policies and state-of-the-art training and counseling tools to support the integration of IYCF interventions into existing maternal and child care services, including the prevention of mother-to-child transmission of HIV.

In FY14, SPRING/Nigeria provided TA to the USAID orphans and vulnerable children (OVC) Umbrella Grant Mechanism (UGM) projects, SMILE and STEER. Using the nationally-approved IYCF training package, SPRING conducted the roll out of a three-phase Community IYCF (C-IYCF) training cascade as well as the training of secondary and tertiary health workers on Facility IYCF (F-IYCF). In total, SPRING/Nigeria trained 237 secondary and tertiary health workers, 102 M&E Officers, 38 C-IYCF Master Trainers, 111 C-IYCF Coaches, and 585 Support Group Facilitators. This has significantly increased the resource level of trained personnel on IYCF in the five target states of Bauchi, Benue, Edo, the Federal Capital Territory (FCT), and Kaduna.

Through the IYCF roll out, SPRING/Nigeria worked in close partnership with the state and local government area (LGA) personnel from the Ministries of Health (MoH), Women Affairs (MoWA), and Agriculture (MoA). These partnerships have created strong links with work of the UGM partners at the community level, thereby increasing ownership and support of IYCF activities within the states and LGAs. A solid foundation has been set, and the demand for IYCF activities is expected to grow as the UGM-SPRING partnership expands to more states and LGAs in FY15.

INTRODUCTION

Overview

Building on USAID/Nigeria's earlier investments in the Infant and Young Child Nutrition (IYCN) Project, during FY12 and FY13, SPRING supported the development of tools and materials that can strengthen capacity and delivery of IYCF and nutrition programs. As a result, Nigeria harmonized policies and state-of-the-art training and counseling tools to support the integration of IYCF interventions into existing maternal and child care services, including the prevention of mother-to-child transmission of HIV.

SPRING aims to support USAID in preventing stunting and reducing anemia through improved policies and programs at country and global level. In Nigeria, SPRING's work is focused on improving IYCF, with a particular emphasis on HIV-affected populations. This work includes development of enhanced counseling skills at facility and community level, and establishment of community-based IYCF support groups. Counseling has proven highly effective around the world in improving uptake of recommended IYCF practices.

In support of USAID/Nigeria's objectives to increase Nigerian capacity for sustainable HIV, AIDS, and tuberculosis responses and to increase the use of high-impact health interventions for the citizens of Nigeria, SPRING/Nigeria is pursuing three primary objectives:

1. Build demand for nutrition services and adoption of appropriate IYCF practices within communities;
2. Strengthen the capacity of local, nongovernmental, and government agencies to improve supply and delivery of nutrition services; and,
3. Design and advocate for policies, systems, structures, and social change campaigns enabling the provision of quality nutrition services and adoption of IYCF practices.

In FY14, SPRING/Nigeria provided technical support to the UGM OVC Project partners STEER and SMILE to assist in achieving their nutrition and food security related objective. This support revolved largely around the roll out of the National Community and Facility IYCF Counseling Packages launched in 2013.

The UGM OVC Project is a five-year USAID-funded project designed to mitigate the impact of HIV and AIDS on Nigerian children and their families by creating greater country ownership and leadership of HIV and AIDS programs by strengthening government agencies, civil societies, and individual families. The project's goal is to reach approximately 1,000,000 OVC, as well as 250,000 caregivers, in the states of Bauchi, Kaduna, Kano, Edo, Sokoto, FCT, Benue, Kogi, Nasarawa, and Plateau.

The UGM for the OVC Project was awarded to two consortiums: Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) and Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families (STEER). The STEER consortium is led by Save the Children, and includes the Association for Reproductive and Family Health (ARFH), the American International Health Alliance (AIHA), Management Sciences for Health, and Mercy Corps. Over the life of the project, the STEER consortium will provide support in reaching 500,000 OVC and 125,000 caregivers in five states: Bauchi, Kaduna, Kano, Sokoto, and Plateau. Similarly, the SMILE consortium is led by Catholic Relief Services and includes Actionaid and Westat. SMILE will also provide support in reaching 500,000 OVC and 125,000 caregivers in the other five engaged states of Edo, Benue, FCT, Kogi and Nasarawa.

Geographic Coverage

Based on the award of the USAID UGM for OVC Project, SPRING was requested to expand the roll-out of the IYCF counseling package to the 10 states which the grant will cover. During FY14, SPRING/Nigeria supported programming in 20 LGAs in five states: three SMILE-supported states (Benue, Edo, and FCT) and two STEER-supported states (Kaduna and Bauchi). In FY15, SPRING will work with STEER and SMILE to expand programming in the current states, and support roll out in five additional states: Plateau, Kogi, Kano, Sokoto, and Nasarawa.

Figure 1. FY14 Implementation States (highlighted in tan)



KEY PROGRAMMATIC ACTIVITIES AND ACHIEVEMENTS

Objective 1: Build demand for nutrition services and adoption of appropriate IYCF practices within communities

Overview

During FY14, SPRING/Nigeria worked on the development of a strategy for complementary communication activities during the roll out of IYCF activities in the UGM focal states. An understanding of IYCF and OVC activities in the UGM states and among SMILE and STEER was sought to provide a better understanding on activities being implemented, area of integration, and possible communication strategy being utilized by the UGM partners and their supported Civil Society Organizations (CSO). Various internal brainstorming sessions were also held by SPRING/Nigeria to ensure that the best possible options were identified and form the basis of the roll out for complementary IYCF communication activities in FY15. The SBCC implementation strategy is expected to reinforce IYCF messages provided during support group activities, draw more people to the support groups and provide a platform for more IYCF information dissemination.

Further, SPRING/Nigeria began discussing the development of an IYCF advocacy video with the DFID-funded Working to Improve Nutrition in Northern Nigeria (WINNN) Project. The two projects hope to collaborate and

share costs associated with production of the video. Further discussion on potential technical collaboration and funding sources will continue into FY15.

Lessons Learned and Next Steps

Delay in the release of funds greatly affected some activities which should have been implemented earlier in the year. This, coupled with the tight schedule of dedicated SPRING staff, led to the delay in the development of the communication strategy. Moving into FY15, efforts will be geared to ensure timely fund allocation and prioritized staff dedication to the actualization of the SBCC implementation strategy (also referred to as the communication strategy).

Objective 2: Strengthen the capacity of local, nongovernmental, and government agencies to improve supply and delivery of nutrition services

Overview

The objective of SPRING/Nigeria is to facilitate the improvement of the nutritional wellbeing of children under five years. During FY14, working in tandem with partners SMILE and STEER, SPRING rolled out IYCF training in five states: Bauchi, Benue, Edo, FCT, and Kaduna. Through a series of stakeholder meetings, SPRING/Nigeria initiated work with STEER and SMILE to assess their needs, determine the most appropriate mechanisms for providing technical support, and harmonize and align work plans to the extent possible.

SPRING/Nigeria held over 30 sensitization meetings within the five UGM supported states and LGAs. Key stakeholders from relevant government ministries (the MoH, MoWA, and MoA) at the state and LGA levels were sensitized on the importance of IYCN programming and interventions. These visits provided the needed opportunity to create awareness on IYCN among key Government of Nigeria (GoN) policy and technical officers as well as solicit their support.

SPRING/Nigeria, in coordination with UGM partners and the relevant State Ministry of Health (SMoH), conducted an assessment of the primary health care centers and secondary/tertiary health facilities in Bauchi, Benue, Edo, FCT and Kaduna. The assessment mapped the health facilities in the 20 UGM-selected LGAs to verify their suitability for the roll-out of IYCF activities in the selected states. SPRING/Nigeria mediated discussions between the SMoHs, State Primary Health Care Development Agency (SPHCDA), and the UGM partners on anticipated IYCF activities during the exercise. As a result, the various SMOH and SPHCDA personnel were included in the planning activities, communication, and moreover, the development of partnership between the stakeholders.

FY14 provided the needed opportunity for SPRING/Nigeria to aggressively roll out the IYCF counseling trainings (facility and community) in the five UGM supported states. A total of 43 trainings were conducted, with a total of 1,073 people trained by SPRING. Within the F-IYCF roll out, 208 providers from secondary health facilities and 29 health workers from tertiary health facilities were trained on the facility-based counseling package. 734 people were trained on the community-based IYCF counseling package, including 38 master trainers (state officials and SMILE/STEER officers), 111 coaches (LGA officials and CSOs) and 585 IYCF support group facilitators (CSO's volunteers and PHC personnel). Finally, 102 M&E Officers from the SMoH, SMWA, LGAs, UGM partners and supported CSOs were trained on C-IYCF M&E data tools and reporting. These trainings and community mobilization activities (such as World Breastfeeding Week), allowed SPRING to reach approximately 16,100 caregivers of children under five across the five states, providing sensitization on IYCF as well as group and one-on-one counseling sessions.

In addition, SPRING/Nigeria, in partnership with SMILE, STEER, and supported CSOs, created awareness within supported communities, utilizing the C-IYCF trainings held in the states and LGAs. Support was provided by community and opinion leaders within those communities; over 60 community IYCF support groups were formed through this process.

SPRING/Nigeria worked with the government in the five focal states to help strengthen the system for coordination of IYCF activities. The system built on established governmental structures within the states to ensure government ownership of IYCF roll-out. SPRING/Nigeria ensured that planning and implementation of IYCF activities within the states/LGAs were implemented in partnership with the state/LGA nutrition focal persons. The capacity of the state and LGA nutrition focal persons were strengthened through IYCF planning and training. Follow up and mentoring activities were also carried out by SPRING/Nigeria field staff to ensure linkages between the LGA and state teams. This improved the coordination system using the resources available within government coffers.

Training Breakdown by State

FCT		EDO		BENUE		KADUNA		BAUCHI		NATIONAL	
Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
12	13	24	24	36	30	24	20	24	24	34	38
24	32	48	43	72	72	48	47	48	43		
60	47	120	120	180	178	120	120	120	120		
	37		14		23		14		14		

Figure 2. Total Number Trained, by Training Type

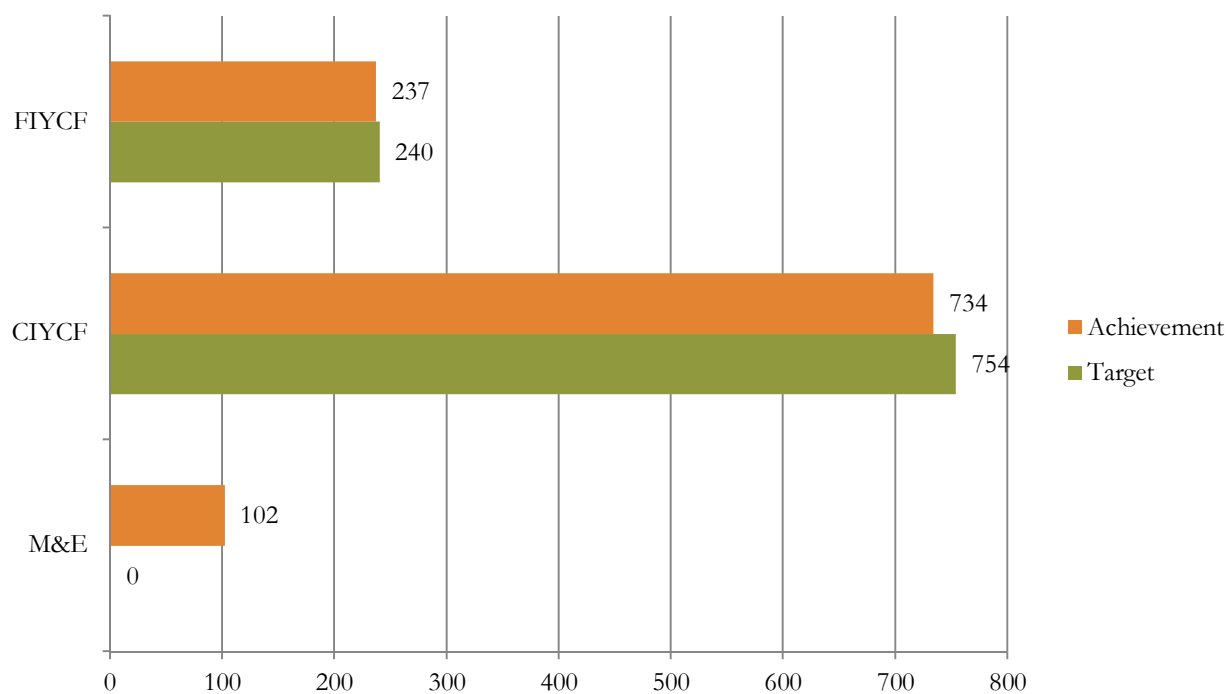


Figure 3. Total Number Trained on C-IYCF, By Level



Lessons Learned and Next Steps

The importance of coordination and the development of harmonized work plans became increasingly clear over the course of the last quarter. The lack of harmonized work plans led to unnecessary delays in rolling out the IYCF package. SPRING /Nigeria is committed to ensuring full alignment between our work plan and STEER and SMILE work plans moving into FY15 to ensure that the timing and roll out of activities will be seamless and predictable.

Objective 3: Design and advocate for policies, systems, structures, and social change campaigns enabling the provision of quality nutrition services and adoption of IYCF practices.

Overview

During FY14, SPRING/Nigeria supported the Federal Ministry of Health (FMoH) in reactivating and hosting two National IYCF Technical Working Group meetings. This technical group comprises of Government Ministries and Parastatals, international nongovernmental organizations, UN agencies, and other stakeholders working to improve the nutritional wellbeing of children under five. The technical working group works to streamline, advocate, strategize and proffer solutions to issues and challenges pertaining to the nutrition and health of children under five years in Nigeria.

Furthermore, in FY14, SPRING/Nigeria participated in various national level nutrition coordination meetings; these include, a) a nutrition partners meeting called by the National Planning Commission, b) the World Breastfeeding Week planning meetings, c) the Maternal Newborn and Child Health Weeks planning meetings, d) an m-health meeting sponsored by the GSM Association (GSMA), e) OVC technical committee meetings, and f) Civil Society on SUN Movement. The meetings provided a national platform for various issues on nutrition to be discussed and harnessed. The national coordination meetings also streamlined activities implemented by partners, provided information on what various partners are working on and helped government to be better equipped and focused.

SPRING/Nigeria initiated and supported the FMoH to develop a mapping tool for assessing IYCF implementation and partners' involvement across the country. The development of the mapping tool is the first step towards the mapping exercise that will contribute to a national database for IYCF roll-out in the country. The tool is expected to help provide relevant data for advocacy and opportunity to review implementation strategies periodically. SPRING/Nigeria also facilitated the development of guidance on IYCF support group and monitoring tools to provide more clarity on formation of support groups and step to step guide on what the support group entails.

Lessons Learned and Next Steps

Working in partnership with government can be slow due to the bureaucratic nature of their work. This delayed the timely implementation of activities planned together. Co-planning of activities will take place in early FY15 in anticipation of any delays.

ADMINISTRATION AND MANAGEMENT

In FY14, SPRING/Nigeria increased its geographic coverage from two to five states. Significant changes were made to the structure and management of SPRING/Nigeria, and 12 staff were recruited to accommodate the intensity of program implementation and expansion. Recruited personnel included: four Nutrition Coordinators

and Finance/Administrative Assistants (based in Bauchi, Benue, Edo, and Kaduna), one Finance Officer, two drivers, and one Administrative Assistant. Staff were repositioned between the country and field offices for better effectiveness and efficiency.

For the majority of FY14, SPRING/Nigeria struggled with transportation challenges due to the lack of dedicated project vehicles in three states (Bauchi, Edo, and FCT). USAID advised SPRING/Nigeria to re-program money associated with the purchase of vehicles in anticipation of receiving vehicles from another project that is closing out, but only one vehicle was disposed to SPRING in FY14. Alternative means of transportation were often procured on a temporary basis (through rental) to aid the necessary movement of project staff within their focal areas.

MONITORING AND EVALUATION

SPRING/Nigeria developed an M&E training curriculum for C-IYCF in Nigeria based upon the generic UNICEF IYCF Monitoring and Supportive Supervision Guide. SPRING/Nigeria then trained 102 M&E Officers from SMILE, STEER, SMOH and the CSOs supported by SMILE and STEER in Benue, Bauchi, Edo, Kaduna, and FCT. The training of M&E Officers familiarized them with the C-IYCF data capturing tools, clarity of IYCF activities, IYCF reporting format, and activities to follow up with on the field.

In addition, several review meetings were held with both SMILE and STEER on integration of IYCF data tools into their own data collection and reporting process.

SPRING/Nigeria is partnering with the UNICEF to undertake an evaluation of the IYCF counseling package in Kajuru LGA in Kaduna State. During FY14, the research protocol and baseline data collection tools have been finalized and submitted to the National Health Research Ethics Committee of Nigeria (NHREC) for ethical review and approval. This work is being supported with funds from SPRING's core global budget, and will take place in areas outside of the UGM focus districts, where the Government of Nigeria with UNICEF-support has the lead in roll out of the IYCF package. A Study Coordinator was hired to assist with this activity in FY15 when baseline data collection will begin. Learning from this work will inform both national and global level efforts to improve IYCF related practices.

NIGERIA ANNEX 1: SUCCESS STORIES



Support Groups Making a Difference in Women's Lives: Baby Aisha's Story



Fatimah, Baby Aisha, and Nuru

Fatimah is the mother of a six and half month old girl, Aisha. She lives with her family in Nasarawa village, Rimizayam, Toro Local Government Area (LGA) in Bauchi state, located in Northern Nigeria. Shortly after

her baby was born, Fatimah joined a USAID-funded, SPRING-sponsored Community Infant and Young Child Feeding (C-IYCF) support group. Here, Fatimah learned about the importance of exclusive breastfeeding.

As part of SPRING's work in Nigeria, the project aims to reduce maternal and child undernutrition and improve HIV-free survival of infants and young children. In particular, SPRING/Nigeria is contributing to improved nutrition care practices and access to quality services

"I started to give water because I thought my breast milk was not enough and I did not want my baby to go hungry." Fatimah

through the roll out of the Nigeria Community and Facility IYCF Packages.

The support group facilitators are motivated volunteers

and the last to be trained through a series of C-IYCF trainings. The support groups are comprised primarily of 15-20 mothers and their children, but many attendees are other family members including mothers-in-law and husbands. Key messages and actions for optimal IYCF are

shared and discussed within the support group, with specific emphasis on demonstration, sharing of personal experiences, and counseling.

After four weeks of exclusively breastfeeding Aisha, Fatimah feared she was not producing enough breast milk and started giving Aisha water. The support group members visited her and convinced her that her breast milk contained all the water and nutrients that her baby needed and encouraged her to continue to exclusively breastfeed.

The support group members continued their regular visits to Fatimah and her husband Nuru, who also supported his wife's choice to exclusively breastfeed.

Fatimah was thankful that her fellow support group members did not condemn her for giving her baby water and encouraged her instead. She then introduced complementary foods when the baby turned six months.



A healthy baby Aisha Nuru

Now Baby Aisha Nuru is lively, well-nourished, and healthy, and Fatimah has said she will continue to breastfeed Aisha until she is two years old.

(September, 2014)

This Success Story was produced by SPRING – Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project.

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Building Capacity for Change: Community Workers Making a Difference in Nigerian Communities

Priscilla is a Nutrition Officer at a Civil Society Organization working in the Idu, Jiwa, Bassan Jiwa, Gwagwa, and Karmo communities of Abuja Municipal Area Council of the Federal Capital Territory, Nigeria. Priscilla provides counseling on nutrition, water sanitation, and hygiene to mothers in those communities.

Priscilla received a five-day training on infant and young child feeding (IYCF) practices, intended to create a cadre of coaches at the local government area level. The community-based IYCF (C-IYCF) training is aimed at empowering individuals to provide caregivers with the relevant information and support to achieve optimal nutrition for their children.

Since her training, Priscilla has in turn trained 18 community volunteers and five primary healthcare workers. She can also now answer questions on IYCF that she found difficult to answer previously.

"IYCF training has brought me to lime light, I can now confidently counsel mothers." Priscilla

Before Priscilla was trained on C-IYCF by SPRING/Nigeria, she found it difficult to properly counsel mothers on the importance of adequate nutrition and IYCF practices. A major challenge was being unable to answer questions about breastfeeding and adequate nutrition for infants and young children. She also had difficulties dissuading mothers from giving water in the first six month of life as many of them had already started using 'ruwan zamzam' (presumed holy water from Mecca) as it is their belief that the water protects the babies.

The training has also improved her counseling methods and has enabled her to promote optimal breastfeeding behaviors. She utilizes the C-IYCF counseling cards, which help visualize optimal IYCF practices and encourages mothers and care givers to share their personal experiences.

In Nigeria, SPRING is working to assist the USAID Umbrella Grant Mechanism (UGM) partners, STEER and SMILE, in achieving their nutrition- and food security-related objective. SPRING/Nigeria is supporting the IYCF trainings in the five UGM-supported states (Bauchi, Benue, Edo, Federal Capital Territory, and Kaduna) in two ways: targeting secondary and tertiary health personnel and facilities on the use of the facility-based IYCF (F-IYCF) counseling package and the UGM partners to roll out the C-IYCF training package.



Priscilla counseling a group of pregnant and lactating mothers

"SPRING has armed me with knowledge and tools to work." Priscilla

SPRING

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Priscilla making a presentation during her training

Since July 2012, SPRING/Nigeria has trained 1,216 people through the C-IYCF training cascade, with 106 support groups formed across the five implementation states. An

estimated 16,100

women and children have been reached as of October 2014. In FY15, the project will expand to assist SMILE and STEER in continued IYCF activities in five additional states (Kano, Kogi, Nasarawa, Plateau, and Sokoto).

(October, 2014)

This Success Story was produced by SPRING – Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project.

SPRING

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NIGERIA ANNEX 2: PMP

Reference No.	Indicator	FY14 Target	FY14 Achievement
1.2	Number of people trained through USG-supported programs	994	1,073
1.5	Number of community coaching/supportive supervision visits conducted in supported states	50	60
1.6	Number of state-level meetings of LGA nutrition focal persons conducted during the previous year	5	0
2.1	Number of National IYCF Technical Working Group meetings conducted in the previous year	3	2
2.2	Number of quarterly National IYCF M&E meetings conducted in the previous year	3	2

Appendix 9: SPRING/Uganda FY14 Annual Report

INTRODUCTION

Overview

At the request of USAID/Uganda, SPRING established presence in Uganda in April 2012. As a result of implementation of work plan activities since FY12, a firm foundation was laid for rapid acceleration of progress towards the project objectives in FY14. SPRING/Uganda's achievements in FY14, which covers the period from October 1, 2013 – September 30, 2014, are presented in this Annual Report. SPRING/Uganda FY14 work was funded through both Field Support and the Partnership for HIV Free Survival (PHFS).

During FY14, SPRING/Uganda's primary goals were to reduce stunting levels in children ages 0-23 months, and anemia in children 0-23 months and women of child-bearing age. SPRING's secondary goal was to reduce the proportion of children and adults with severe acute malnutrition in the Southwest (SW). For PHFS, SPRING had the goal of contributing to the elimination of mother-to-child transmission of HIV (eMTCT) through targeted nutrition assessment, counseling and support (NACS) interventions during the first 1,000 days. SPRING's activities were guided by the following eight objectives:

1. To integrate treatment and prevention nutrition services in selected district facilities in SW Uganda by building the capacity of district and facility managers, and health service providers to deliver high quality and comprehensive nutrition services for all clients, irrespective of their HIV status;
2. To support the development and implementation of a comprehensive package of high impact nutrition services at scale through capacity and systems strengthening engaging district, facility, sub county, community and household stakeholders in two selected districts (Ntungamo and Kisoro);
3. To support the national fortification efforts, including quality control services through capacity and systems strengthening of the Uganda National Bureau of Standards (UNBS), and the Ministry of Health (MOH) in its coordination role for both industrial and home fortification;
4. To increase the proportion of HIV-positive mothers who adopt optimal maternal, infant and young child feeding (IYCF) practices in Ntungamo, Kisoro, and Namutumba to 90 percent by 2015 (PHFS-specific);
5. To scale-up effective package of cost-effective HIV-free child survival interventions in the three districts in a sustainable way (PHFS-specific);
6. To build the capacity of and scale-up nutrition interventions in the target districts using the quality improvement (QI) approach (PHFS-specific);
7. To strengthen the health service delivery system to support integration of NACS into PMTCT interventions and follow up of mother-infant couples as well as antiretroviral therapy (ART) adherence from birth/early breastfeeding period to 24 months in Kisoro, Ntungamo and Namutumba (PHFS-specific); and,
8. To evaluate the effectiveness of QI/NACS interventions and service delivery approaches on HIV-free child survival during the first 1,000 days in the three selected districts (PHFS-specific).

In FY14 SPRING/Uganda registered significant progress towards improving the demand, quality, geographical coverage, and accessibility of high impact nutrition interventions in Uganda. The main interventions were

targeted at the facility, community, and national levels. At the facility-level, SPRING/Uganda strengthened the NACS continuum of care in 51 health facilities across ten districts in the SW and East central regions of Uganda. Activities included training health workers on NACS and the integrated management of acute malnutrition (IMAM), strengthening the capacity of facility-based QI teams, conducting supportive supervision visits, and procuring and distributing anthropometric equipment to target sites. At the community-level, SPRING/Uganda oriented district nutrition coordination committees (DNCCs) and sub-country nutrition coordination committees (SNCCs) on the Uganda Nutrition Action Plan (UNAP), trained community-based workers on the community action cycle (CAC) approach, and formed community action groups. At the national level, SPRING/Uganda supported meetings for the National Working Group on Food Fortification (NWGFF) and the National Anemia Working Group (NAWG), planned for the implementation of a micronutrient powder (MNP) pilot study in Namutumba district, and supported the development of the National Advocacy and Communication Strategy for nutrition in Uganda.

Geographic Coverage

This year, SPRING/Uganda focused its efforts in ten districts and at the national level. SPRING continued to work primarily through health facilities and communities in the districts of Kisoro and Ntungamo, with program interventions centered on strengthening the NACS continuum of care, preventing stunting, preventing anemia among women and children, and building capacity to treat acute malnutrition when identified. SPRING/Uganda continued to have a strategic, but limited presence in Mbarara, Ibanda, Sheema, Bushenyi, Kanungu, Rukungiri and Kabale districts, with program activities centered on strengthening the NACS continuum of care within seven former NuLife-supported sites.

Activities that supported PHFS were implemented in Kisoro, Ntungamo, and Namutumba districts, in close collaboration with PHFS implementing partners, including the MOH and District Health Offices. Program activities centered on integrating nutrition care as part of eMTCT and other routine care for HIV positive women during the first 1,000 days.

The map in Figure 1 depicts the geographic locations of the target districts. Table 1 lists the health facilities reached in FY14.

Figure 1. Map of SPRING/Uganda supported districts in FY14.

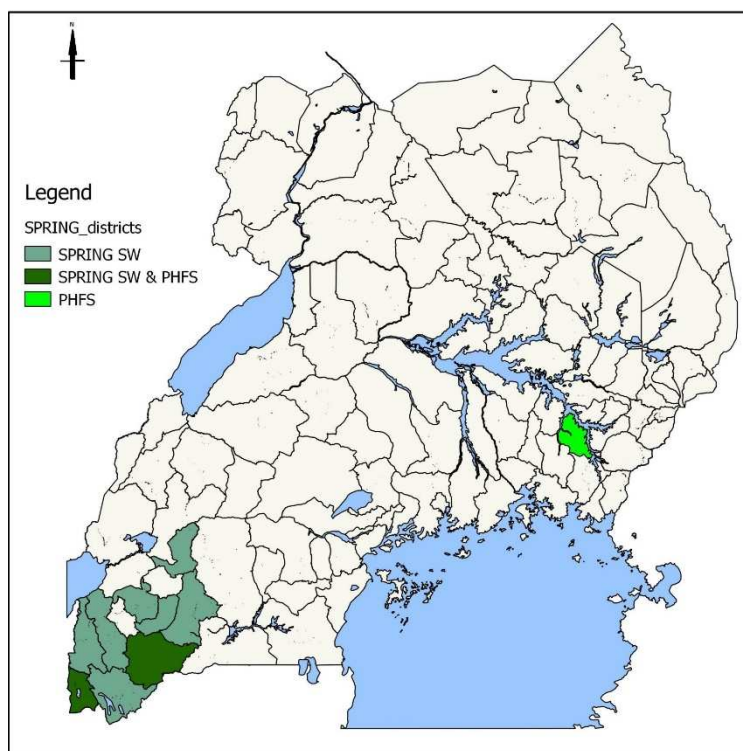


Table 1. List of SPRING/Uganda Supported Health Facilities in FY14

DISTRICT	HEALTH FACILITY	TYPE OF FACILITY	PHFS INITIATIVE SITE	HIV IMPLEMENTING PARTNER
Ntungamo	Kitwe HC	IV	Yes	STAR-SW
Ntungamo	Itojo Hospital	Hospital	Yes	STAR-SW
Ntungamo	Ntungamo HC	IV	Yes	STAR-SW
Ntungamo	Rubaare HC	IV	Yes	STAR-SW
Ntungamo	Rwashamaire HC	IV	Yes	STAR-SW
Ntungamo	Butaare HC	III	Yes	STAR-SW
Ntungamo	Bwongyera HC	III	Yes	STAR-SW
Ntungamo	Kayonza HC	III	Yes	STAR-SW
Ntungamo	Kitondo HC	III	Yes	STAR-SW
Ntungamo	Ngoma HC	III	Yes	STAR-SW
Ntungamo	Nyakyera HC	III	Yes	STAR-SW
Ntungamo	Rugarama HC	III	Yes	STAR-SW
Ntungamo	Ruhaama HC	III	Yes	STAR-SW
Ntungamo	Rukoni HC	III	Yes	STAR-SW
Ntungamo	Rweikiniro HC	III	Yes	STAR-SW

DISTRICT	HEALTH FACILITY	TYPE OF FACILITY	PHFS INITIATIVE SITE	HIV IMPLEMENTING PARTNER
Ntungamo	St. Francisca Rushooka Hospital	III	Yes	STAR-SW
Ntungamo	St. Lucia Kagamba Hospital	III	Yes	STAR-SW
Kisoro	Mutolere Hospital	Hospital	Yes	STAR-SW
Kisoro	Kisoro Hospital	Hospital	Yes	STAR-SW
Kisoro	Busanza HC	IV	Yes	STAR-SW
Kisoro	Chahafi HC	IV	Yes	STAR-SW
Kisoro	Rubuguri HC	IV	Yes	STAR-SW
Kisoro	Buhozi HC	III	No	STAR-SW
Kisoro	Bukimbiri HC	III	Yes	STAR-SW
Kisoro	Gasovu HC	III	Yes	STAR-SW
Kisoro	Kagano HC	III	No	STAR-SW
Kisoro	Kagezi HC	III	No	STAR-SW
Kisoro	Kinanira HC	III	No	STAR-SW
Kisoro	Muramba HC	III	Yes	STAR-SW
Kisoro	Nteko HC	III	Yes	STAR-SW
Kisoro	Nyabihuniko HC	III	Yes	STAR-SW
Kisoro	Nyakinama HC	III	Yes	STAR-SW
Kisoro	Nyarubuye HC	III	No	STAR-SW
Kisoro	Nyarusiza HC	III	Yes	STAR-SW
Kisoro	Rutaka HC	III	Yes	STAR-SW
Kisoro	Gateriteri HC	III	Yes	STAR-SW
Kisoro	Iremera HC	III	Yes	STAR-SW
Ibanda	Ibanda Hospital	Hospital	No	STAR-SW
Bushenyi	Ishaka Hospital	Hospital	No	IRCU
Kabale	Kabale Regional Referral Hospital	Hospital	No	SUSTAIN
Sheema	Kitagata Hospital	Hospital	No	STAR-SW
Mbarara	Mbarara Regional Referral Hospital	Hospital	No	MJAP
Rukungiri	Nyakibale Hospital	Hospital	No	STAR-SW
Kanungu	Kambuga	Hospital	No	STAR-SW

DISTRICT	HEALTH FACILITY	TYPE OF FACILITY	PHFS INITIATIVE SITE	HIV IMPLEMENTING PARTNER
Namutumba	Namutumba HC	III	Yes	STAR-EC
Namutumba	Magada HC	III	Yes	STAR-EC
Namutumba	Ivukula HC	III	Yes	STAR-EC
Namutumba	Bulange HC	III	Yes	STAR-EC
Namutumba	Nsinze HC	IV	Yes	STAR-EC
Namutumba	Nabisoigi HC	III	No	STAR-EC
Namutumba	Bukonte HC	III	No	STAR-EC

KEY PROGRAMMATIC ACTIVITIES AND ACHIEVEMENTS



Ntungamo District Local Council V chairman launching the Great Mothers, Healthy Children campaign (Photo Credit: Moses Ssebale, SBCC Specialist, SPRING/Uganda)



VHTs marching during launch of the campaign in Ntungamo

Intermediate Result 1: Increased demand for undernutrition prevention and treatment services

1.1 Strengthening capacity of VHTs and other community-level resources for social and behavior change communication

This year, SPRING/Uganda focused on increasing the demand for prevention and treatment of under nutrition services at community level in Kisoro and Ntungamo districts in the SW. To achieve this, SPRING built the capacity of village health team members (VHTs) and community volunteers in CAC and social and behavior change communication (SBCC).

SPRING/Uganda conducted a Training of Trainers (ToT) on community mobilization and CAC for 35 community members and 85 staff from district government and civil society staff in Ntungamo and Kisoro. SPRING also developed and launched a community video campaign called “*Great Mothers, Healthy Children*” in Kisoro and Ntungamo. SPRING/Uganda developed a set of twelve videos on IYCF based on testimonials from ‘great mothers’ (mothers of children 0-23 months), ‘wise women’ (grandmothers) and ‘fabulous fathers’ (fathers of children 0-23 months) in project communities. Four of the videos were targeted at Kisoro, and eight videos were

targeted at Ntungamo – the videos were developed in local languages and emphasized best practice associated with exclusive breastfeeding, feeding a sick child, feeding a recovering child, and seeking medical care.

To date, the project has trained 221 VHTs from Bwonjera, Itojo, Chahi and Muramba sub counties to present the videos and facilitate community discussions around the video topics. More than 408 stakeholders attended the launch of the campaign.

1.1.1 Activation of community-facility referrals

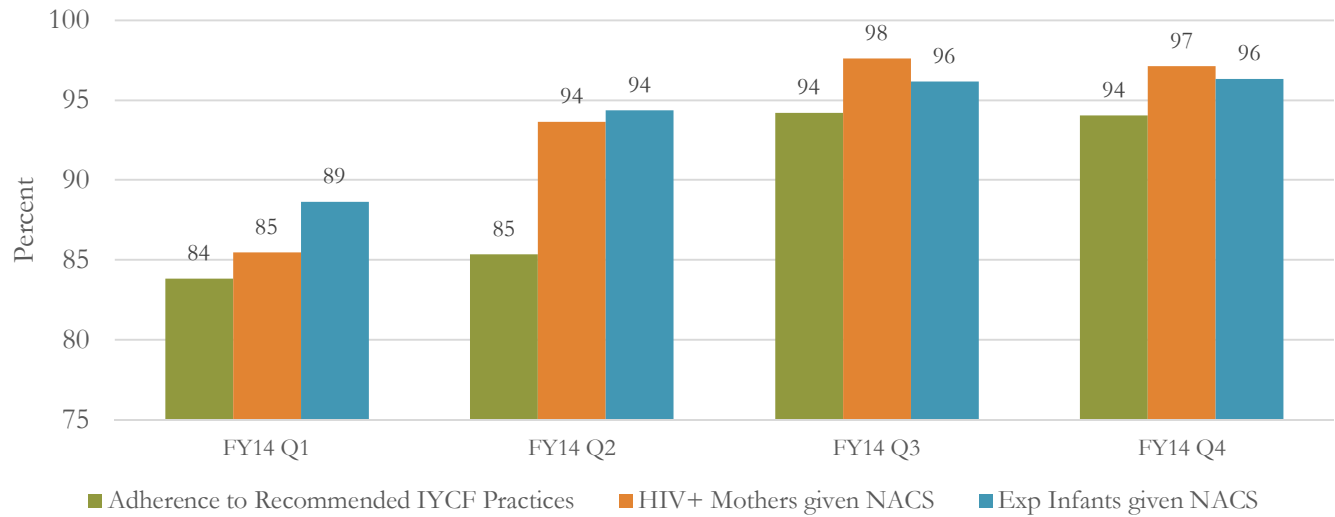
1. To enhance facility-community linkages, SPRING/Uganda identified and oriented community health workers including VHTs and peer educators in health facilities and communities within SW and Namutumba districts on basic nutrition service provision and referral. In SW, SPRING provided training in screening and referral to 52 VHTs in Bushenyi and Kabale Districts, 151 VHTs and peer educators in Kisoro District, 156 VHTs and peer educators in Ntungamo District, 30 VHTs and peer educators in Rukungiri District, and 30 VHTs and peer educators in Ibanda District. An additional 208 VHTs were oriented on eMTCT and IYCF basics to enhance community identification and referral of mothers for ANC, HIV testing, and ART.
2. SPRING/Uganda also deployed and facilitated 57 peer educators at high volume ART sites to provide nutrition services including nutrition assessment, nutrition education and counseling, and ensuring that malnourished clients are linked to outpatient therapeutic care (OTC) points and are supported to complete the RUTF dosage as well as following up of malnourished clients who default in OTC. Within Namutumba district, SPRING/Uganda developed a community mobilization strategy for engaging community volunteers to strengthen provision and uptake of integrated NACS and eMTCT services by HIV-positive mothers and exposed children. Two hundred and eighteen (218) VHTs are currently participating in active identification, referral and follow up of mother-baby pairs for service uptake in 107 villages in the district. This activity has contributed to increased number of clients reached with NACS and eMTCT services in Namutumba district (

Figure 4).

3. In an effort to enhance continuous learning and adaptation among VHTs, SPRING held monthly planning and review meetings in Ishaka Adventist hospital as well as health facilities in Namutumba, Kisoro, Ntungamo, Ibanda, Bushenyi, Kabale, Sheema, Mbarara, Rukungiri, and Kanungu. SPRING/Uganda and government counterparts met with 218 VHTs in Namutumba District, 221 VHTs in Ntungamo and Kisoro districts, and 20 VHTs in Ishaka and Kabale hospitals. In these meetings, facility and VHT reports were reviewed, and teams shared their experiences and discussed best practices. On a monthly basis, 300 VHTs and peer educators from all the supported sites participated in the meetings.

4. The project also engaged 31 VHTs in Itojo and Kitagata sub counties to promote intake of iron-folic acid (IFA) and IYCF practices by identifying and following-up pregnant women through home visits, counseling them on the importance of taking IFA, and providing optimum feeding and care to infants and young children. As a result, the efforts have boosted knowledge and uptake of IFA supplements, delivery at health facilities and IYCF practices among 123 mothers in the two sub counties.

Figure 4. Number of clients reached with NACS and eMTCT services in Namutumba district in FY14



1.1.2 Development and support of national social mobilization strategy

SPRING/Uganda continued to support the UNAP secretariat in the Office of the Prime Minister (OPM) to develop the National Advocacy Communication Strategy. SPRING/Uganda provided technical guidance and support and played a critical role in the harmonization of the three sub-strategies into one cohesive National Advocacy and Communication Strategy. At the end of FY14, the strategy was presented to and approved by the Multi- Sector Technical Committee. The Permanent Secretary in OPM briefed the line Ministries on the strategy and provided the go ahead to commence the launch and dissemination activities.

SPRING/Uganda will continue to support the roll-out both through continued support to the OPM and through direct implementation of part of the Strategy. This activity is complemented through SPRING core funds.

Lessons Learned

- Family support groups together with active client follow up in the community are a key tool in improving retention and adherence to Option B+ through the minimization of loss to follow up.
- The use of nutrition peer educators at facility level, enhances continued provision of NACS services in key service delivery points in high volumes.
- Engaging local leadership through routine advocacy meetings to increase their knowledge of nutrition specific and sensitive interventions.



Health workers takes MUAC of a child in Namutumba district (Photo Credit: Majid Okot)

Intermediate Result 2: Increased access and availability of targeted nutrition interventions for vulnerable groups

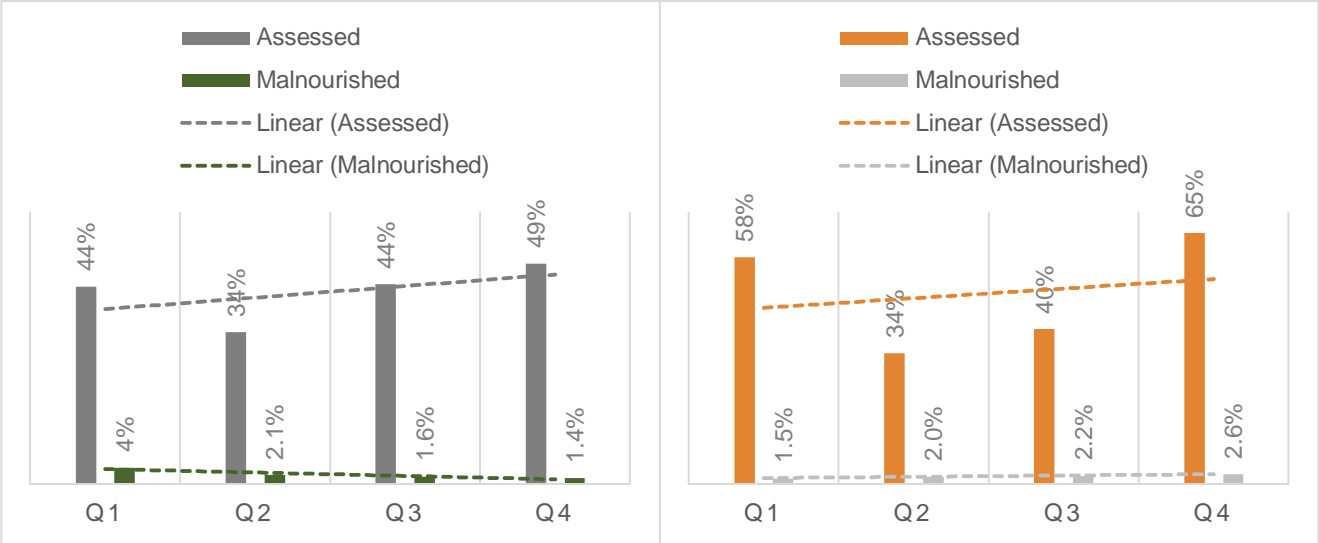
2.1 Procurement and Distribution of Anthropometric Equipment

In an effort to strengthen the NACS continuum of care, SPRING/Uganda procured and distributed anthropometric equipment to target health facilities in the SW and EC regions. All facilities in the SW received four medical weighing scales for adults, four Seca Salter scales for children, four roller height measures, and MUAC tapes for children, adolescents, and adults. Each of the HC IIIs in Namutumba received 50 MUAC tapes for children (6-59 months), 50 MUAC tapes for children (5-9 years), 50 MUAC tapes for children (10-14 years), 18 MUAC tapes for people aged 15-17 years and adults, one neonatal scale, two adult standing scales and two height rollers.

To ensure proper use of anthropometric equipment in all supported health facilities, SPRING/Uganda provided Continuing Medical Education sessions (CMEs) to health workers on proper use and maintenance of the equipment. The training, distribution and routine coaching sessions appear to have resulted in increasing proportion of clients receiving nutrition assessment over the year (Figure 3). SPRING/Uganda also procured and distributed food demonstration tools including plastic dolls for breastfeeding, sauce pans, plastic container sets, and knives and mingling sticks with crushing bottom to the HCIIIs in Namutumba district.

Figure 3 suggests an increase in the proportion of clients receiving nutrition assessment from 44 percent in the first quarter to 49 percent in the fourth quarter in Kisoro district. Over the same time period, the proportion of clients identified as malnourished declined (the graph on the left) from four percent in the first quarter to 1.4 percent in the fourth quarter. For Ntungamo (the graph on the right), the proportion of clients assessed increased in general however, the number of clients found malnourished increased through the quarters from 1.5 percent in quarter one to 2.6 percent in the fourth quarter.

Figure 3. Proportion of clients receiving nutrition assessment in SPRING/Uganda project areas



Source: Monthly Health facility program data

2.2 Integration of Nutrition Services into ongoing Community Services

In FY14, SPRING/Uganda mapped community-based organizations (CBOs) and other groups involved in economic strengthening and other livelihood support activities in the Kisoro, Ntungamo, and Namutumba districts. This mapping was conducted with the aim of integrating nutrition into the CBOs' ongoing services. SPRING/Uganda established collaboration with six economic strengthening and livelihood CBOs in the SW: two in Kisoro and four in Ntungamo. Subsequently, six orientation meetings were carried out reaching 37 participants in Kisoro and 101 in Ntungamo. In Namutumba, 21 leaders of CBOs were oriented on integration of nutrition activities ongoing economic strengthening and livelihoods services.

With the support from district and sub county agriculture extension workers and community development officers, the CBOs identified priority nutrition specific and sensitive actions to undertake. These included community/backyard gardening of vegetables and fruits, rearing small animals (rabbits and chicken), and improved home storage for consumption.

2.3 Piloting Home Fortification Using MNPs for children 6-23 Months in Namutumba District

In F14, SPRING/Uganda continued to support the MOH in developing a roadmap for the implementation of MNPs to improve the quality of complementary diets provided to children 6-23 months of age in Namutumba. Project staff participated in several planning workshops finalize plans for the rollout of the MNP program. The World Food Programme (WFP), University of British Columbia, and UNICEF completed situational analysis and formative research to inform the design of Uganda specific packaging for MNPs, and SPRING/Uganda conducted formative research to inform the design of SBCC strategy for promotion of MNPs in Namutumba district. Research findings were presented to district and national stakeholders and used to develop the MNP package, a draft MNP communication strategy, and the draft training materials for health workers and community volunteers. The MNP technical working group presented the plan to the MOH's MCH cluster and senior management for approval. WFP and SPRING/Uganda are finalizing the process for procurement and shipping of MNPs to Uganda. Implementation of the MNP pilot is expected to start in early 2015. This activity is complemented through SPRING core funds.

2.4 Documentation of DNCC, SNCC, and Other Nutrition Interventions in Uganda

SPRING made significant progress on “The Pathways for Better Nutrition” case study during FY14. The project conducted district-level interviews in Lira and Kisoro, and in-country consultants interviewed several district government and hospital workers involved in local-level nutrition efforts. Furthermore, DSW conducted district-level budget analyses. At the national level, staff coded and analyzed interview data and produced a technical brief on how stakeholders perceive scaling up nutrition. This activity is funded through SPRING core funds.



This year, SPRING/Uganda partnered with Media for Science Uganda (M4SU), an alliance of professional health reporters, to enhance documentation and to increase the visibility of SPRING/Uganda and USAID support to the Government of Uganda. Working with a group of 11 journalists,¹² M4SU visited Kisoro, Kabale, Ntungamo and Bushenyi, Namutumba districts, Private Sector Foundation Uganda (PSFU), UNBS, OPM, MOH and selected industries producing fortified foods. To date, the journalists have written and published two commissioned newspaper articles, six television news features in different media houses and one documentary. These publications have contributed to raising public awareness about the nutrition situation in SW and Namutumba, as well as national food fortification program.

Lessons Learned

- The use of district-based nutritionists to support lower level facilities is crucial for improving clients' clinical outcomes.

¹² Excursions included representatives from the Daily Monitor, New Vision, Weekly Observer, UBC TV, NBS TV, Radiowest, NBS FM, Bukedde TV, Bukedde newspaper and Voice of Muhavura.

- The media is a strategic ally for creating mass awareness on nutrition interventions and advocating for support to sustain interventions.
- The Pathways to Better Nutrition case study in Uganda is providing valuable information on how the country is performing in implementation of the key interventions highlighted in UNAP 2011-2016.
- Formative research on the MNP pilot has indicated there is potentially high acceptability for MNPs and that if implemented it would improve on the diet quality in children 6-23 months in Uganda.

Intermediate Result 3: Improved quality of nutrition services at national, facility and community level

3.1 Capacity building of service providers on nutrition service delivery and food fortification

This year, SPRING/Uganda continued its role in building the capacity of district, health facility, community, industrial and other national level stakeholders in nutrition service delivery and food fortification.

SPRING/Uganda facilitated the training of 2383 health workers and community health workers (VHTs, peer educators, and expert clients) from the ten project districts to enhance the quality of health service delivery while integrating NACS into routine healthcare (Table 2). This included training two to three health workers per site who had not yet received the MOH's six-day NACS training as well as training health workers on the standard MOH IYCF & eMTCT Option B+ and quality improvement packages. The current coverage of the NACS training has raised the average number of health workers trained per site to 15 from the hospitals and 6 from each of the lower level sites.

SPRING also facilitated learning sessions, orientation of district and sub county teams on UNAP and eMTCT strategy, CMEs on logistics management for RUFT and IMAM, Good Manufacturing Practices, QA and QC, and information management.

SPRING/Uganda continued to support quarterly PHFS learning sessions for district quality improvement teams and health workers as a platform for learning and sharing experience on innovative approaches to reducing service delivery bottlenecks.

Table 5. SPRING/Uganda Number of District/ Regional Trainings Conducted Each Quarter

	FY14 QUARTERS				
Districts/ Region	FY14 Q1	FY14 Q2	FY14 Q3	FY14 Q4	Total
Bushenyi	36	0	24	36	96
Mbarara	47	23	0	37	107
Namutumba	18	458	60	403	879
Ntungamo	51	120	178	65	414
National- Fortification	136	0	30	41	207
Ibanda	25	30	0	10	65
Kabale	16	79	28	49	170
Kisoro	0	119	99	46	266
Rukungiri	0	34	0	25	59
Sheema	0	40	0	10	50
Kanungu	0	0	0	10	10
TOTAL	329	903	419	1178	2383

Source: SPRING/Uganda program data

Table 3 presents the PHFS dashboard for the year. Results indicate that the partnership continues to progress in improving NACS-related services offered in context of eMTCT. SPRING/Uganda has initiated efforts to build capacity of community health workers and SBCC to ensure early identification of exposed infants and HIV+ mothers into care.

Table 6. Performance on PHFS Indicators, Namutumba District Aggregates

INDICATORS	FY14 Q1	FY14 Q2	FY14 Q3	FY14 Q4
% pregnant women with known HIV status	69	75	100	95
% pregnant women who were counseled, tested and given results	68	75	97	96
% pregnant women initiated on ART	100	100	100	100
% HIV negative mothers retested after 3 months during pregnancy	11	28	62	77
% HIV exposed infants tested for HIV at 6 weeks (1st PCR)	66	58	74	71
% exposed infants whose DNA 1st PCR results given to caregiver	37	46	85	76
% Exposed Infants 2nd PCR results were given to caregiver	ND	57	81	94

% HIV exposed babies whose mothers were put on ART							98	100	NI	100
% HIV positive mothers who receive IYCF counseling at each visit							71	81	92	95
% HIV positive mothers who receive maternal nutrition counseling							79	76	93	96
% exposed mothers initiating BF within 1 hour of birth							100	100	88	100
% exposed infants reporting adherence to recommended IYCF practices							84	85	94	94
% HIV+ pregnant and lactating mothers who at each visit receive NACS							85	94	98	97
% exposed infants who receive nutrition assessment every month							89	94	96	96
% HIV positive mothers malnourished during the reporting period							1	3	1	4
% exposed infants undernourished & receive RUTF support at any point							NI	0	0	0
% HIV+ mothers undernourished & receive RUTF support ¹³							0	0	0	0
% mother-baby pairs who keep their scheduled appointments ¹⁴							76	87	87	94
% exposed infants malnourished at any point in the period							0	3	7	8
% HIV exposed infants in PMTCT programs that tested HIV+							17 (2/12)	0 (0/29)	7 (2/27)	7 (1/15)
KEY:		< 60'		60-89		> 90'	ND- No Data		NI- None Identified	

3.2 Nutrition logistics and supply improvements at district and facility levels

SPRING/Uganda continued to work with Production for Improved Nutrition (PIN) to scale up RUTAFAs supplies for the management of acute malnutrition through OTC in HC IIIs and IVs in Kisoro and Ntungamo districts and hospitals in the remaining seven target districts in the SW. SPRING also conducted rapid assessments of readiness to manage RUTAFAs in of HCs in Ntungamo and Namutumba districts. The findings were provided to USAID, and USAID approved to stock RUTAFAs in one HC in each Namutumba and Ntungamo districts. SPRING/Uganda also conducted a training in Kabale District for 13 health facility staff in inpatient therapeutic care for malnourished patients in order to effectively manage acute malnutrition at facility level.

¹³ SPRING/Uganda continued lobbying with USAID is promising positive result to provide RUTFA in Namutumba early in FY15.

¹⁴ This measures retention of mother-baby pairs in care

SPRING/Uganda supported scaling up of OTC to six lower level health facilities (two in Ntungamo and four in Kisoro) through institutionalizing the hub system for RUTF as part of efforts to increase access to OTC for eligible clients. Itojo and Kisoro hospitals (hubs) requisition for supplies adequate to cater for the six outreach sites. The outreach sites are Kitwe and Rubaare HCIVs in Ntungamo, and Chahaffi, Busanza and Rubuguri HCs and Mutolere hospital in Kisoro. The outreach sites are given continuous mentorship in documentation and reporting so that the hub system is streamlined.

Lessons Learned

- Task shifting through the use of VHTs has increased the access and utilization of nutrition services at the facility and community level, and released understaffed health workers to deliver other services such as nutritional assessment.
- There is a limited pool of national trainers, which posed scheduling challenges due to their many commitments.
- Stock outs of RUTAFAs during the year interrupted nutrition services at some of the facilities.
- The RUTAFAs supply system faces challenges with lack of transportation for deliveries, and submitting timely requests. More follow up is needed to continue mentoring the health workers on generating reports and the importance of correct and timely documentation.
- Learning sessions at the district accelerate uptake of PHFS interventions and promote ownership by the district and health workers.
- Creation of a health workforce with capacity to plan, implement and monitor NACS enhances its integration into routine service delivery along the continuum of care.

Intermediate Result 4: Social and policy environment

4.1 Creating an enabling environment for improved nutrition service delivery and food fortification

In October 2013, SPRING/Uganda, in partnership with the MOH, held a National Anemia Stakeholders workshop to discuss and develop consensus around the factors that contributed to the reduction in the prevalence of anemia in children and women of child bearing age between 2001 and 2011 in Uganda. During the workshop, stakeholders developed an action plan on “key intervention” areas based on available evidence and local knowledge and experiences as discussed around contextual factors in a transparent and informed manner. The workshop was attended by over 100 actors from the various sectors and this provided an opportunity to review the evidence around the coverage of anemia prevention and control programs in Uganda in the past decade.

Following the workshop, a NAWG was revitalized and tasked with revising the Anemia Policy of 2002 and tracking the progress of the action plan developed during the Stakeholders’ Workshop. The Commissioner of Community Health was appointed Chair of the group and MOH nutrition unit as the Secretariat. To fast track activities of the NAWG, SPRING/Uganda supported the MOH to organize two monthly NAWG Meetings to finalize the action plan for interventions for control of anemia in Uganda. During these meetings, progress planning and implementation prioritized interventions in different MOH departments, other line ministries and development agencies were discussed. Tracking sheets for monitoring progress in implementation of the action plan were developed and endorsed by Commissioner, Community Health in March 2014. Discussions have been

initiated by NAWG to recruit a consultant to review the national anemia policy guidelines to incorporate new changes and interventions, including delayed cord clamping.

4.2 Review and development of nutrition-related policies and guidelines

SPRING/Uganda participated in official government-convened meetings to update tools and guidelines relevant for nutrition. A key milestone was the review of nutrition tools to be used at health facilities as part of the health management information system (HMIS). For the first time in Uganda, the revised HMIS have nutrition indicators which will routinely capture nutrition information. The new HMIS tools will ensure that nutrition status is tracked through the facility, district, and national HMIS. SPRING/Uganda participated in the development of the revised HMIS tools at all levels, and the new tools were disseminated by the MOH Resource Center in Q2 of FY14. In addition to the revision of HMIS tools, SPRING/Uganda participated in the revision of the training manual for NACS, and its pretest.

In collaboration with the MOH, SPRING/Uganda contributed to the following nutrition-related policies and guidelines:

- Translated an eMTCT job aid for VHTs and nutrition peers into Runyankore and Rufumbira, which was approved and distributed to health facilities in Kisoro and Ntungamo districts.
- Participated in reviewing and updating the current social marketing strategy and tools for promoting production and consumption of fortified foods.

Finally, SPRING/Uganda facilitated the participation of eight district representatives from Kisoro, Ntungamo, Namutumba, and Bushenyi in the National Nutrition Forum convened by the UNAP Secretariat in the OPM. During the forum, progress on the implementation of UNAP 2011-2016 was shared, and SPRING/Uganda contributed to a USAID pamphlet on nutrition projects in Uganda, in which it held a booth to showcase project activities and achievements.

4.3 Dissemination and advocacy for use of nutrition policies, guidelines, job aids, and M&E tools

In FY14, SPRING/Uganda distributed 419 eMTCT job aids for VHTs and nutrition peers to supported health facilities in Kisoro and Ntungamo districts. Printing of the revised HMIS tools was initiated in Q4, and distribution of the revised HMIS tools will be undertaken in FY15. In Namutumba, monitoring and evaluation (M&E) tools including PHFS reporting tools, documentation journals, summary report tools and service care package tool were disseminated to all seven of the supported health facilities. The tools will ensure that health facilities capture and report data in line with new and existing MOH policies that now include nutrition indicators and other national reporting requirements.



Minister of Trade, Hon. Amelia Kyabbade, center, after passing food standard inspectors in Kampala. The activity was supported by SPRING/Uganda (Nancy Adero)

4.4 Strengthen the capacity and sustainability of the national fortification efforts

This year, every effort was made to strengthen efforts for institutionalizing a mandatory food fortification program in Uganda. SPRING/Uganda worked with the National Food Fortification Technical Working group to conduct advocacy meetings with government and private institutions to encourage methods for supporting food fortification efforts in the country, specifically by increasing the demand for adequately fortified foods.

During the first meeting, the private sector was urged to increase its involvement in food fortification by organizing small and large scale industries to fortify foods. The SPRING/Uganda Food Fortification team met with UNBS to discuss methods for improving documentation and coordination of the QC and QA support provided to food processing industries.

SPRING/Uganda provided logistical support to UNBS to train 71 health inspectors/monitors to enhance their understanding of food fortification and the regulatory framework for food fortification.

SPRING/Uganda worked with the East, Central, and Southern African-Health Community (ECSA-HC) in collaboration with USAID/East Africa, to organize a workshop in Kampala on October 7-8, 2013 to create awareness on using Household Consumption and Expenditure Surveys (HCES) to inform food and nutrition policies. The meeting helped participants develop country-specific plans on how to use HCES in the design and M&E of fortification programs.

SPRING/Uganda provided technical and logistical support for a consultative meeting to initiate development of an M&E framework for fortification. The meeting was attended by participants from the MOH, UNBS, Uganda Bureau of Standards (UBOS), Makerere University, National Drug Authority (NDA), SPRING/Uganda, the Private Sector Foundation Uganda, and food processing industries, GAIN/Geneva, Flour Fortification Initiative, and Project Healthy Children/Malawi. As a result, an M&E framework was developed. A meeting to identify areas for

monitoring will be held in Q1 of FY15, and to operationalize the framework as part of the Monitoring, Evaluation and Surveillance system.

SPRING/Uganda continued to provide logistical support to the MOH Food Fortification Secretariat to coordinate food fortification activities, including quarterly NWGFF meetings. Eight institutions (MOA, Animal Industry and Fisheries, Uganda Revenue Authority, NDA, MOH, National Agricultural Research Organization, UNICEF, UBOS, and PSFU) were reached.

Lessons Learned and Next Steps

- SPRING/Uganda support to NWGFF on food fortification is contributing to increased uptake of the program by industries.
- The anemia national stakeholders' meeting that SPRING supported the MOH to organize has contributed to a revival of national anemia interventions.
- Concerted efforts in development of M&E framework for fortification indicate that it is important to consult all concerned stakeholders in order to increase ownership of the process.

PARTNERSHIPS

SPRING/Uganda continued to establish and maintain partnerships to maximize synergies with other implementing organizations in Uganda and to scale-up integration of nutrition services in routine health delivery. SPRING/Uganda signed a memorandum of understanding (MOU) with Health Partners Uganda (HPU) to integrate NACS into their routine service delivery targeting the first 1,000 days - pregnant women and children under two, as well as people living with HIV. Within this MOU, SPRING/Uganda will provide TA to HPU for one year by building capacity of Ibanda Mission Health Center (Ibanda district) and Kathel Medical Care (Mbarara district) to offer nutrition services. In addition, SPRING/Uganda will build the capacity of HPU to scale up nutrition services to other focus districts in the SW.

Furthermore, SPRING signed an MOU with the Seventh Day Adventist Union Uganda – Ishaka Adventist Hospital, Ishaka –to strengthen NACS service delivery. SPRING/Uganda will build health worker capacity for integration of preventive and treatment nutrition services using NACS framework into routine health delivery.

Finally, SPRING/Uganda signed an MOU with Kyambogo University Department of Home Economics and Human Nutrition for implementation of the Young Professional Program to provide opportunities for students to gain hands-on work experience. The first set of six Young Professionals joined SPRING/Uganda in June 2014 and completed the initial placement to SPRING/Uganda in August 2014. This program is in line with the current USAID and Government of Uganda's focus to build the capacity of the youth by providing them with soft skills. The Young Professionals will continue with the project for an additional nine months, which will see them until May 2015.

Lessons Learned and Next Steps

- Building rapport, especially with the district authorities, at all levels builds confidence and encourages local communities to share their ideas and experiences freely with development partners.
- Orientation and deployment of nutrition peer educators has the potential to improve the performance of NACS indicators, especially in facilities with high client volume.
- Continued mentorships of health workers in systems strengthening and supply chain management of nutrition supplies enhances management and service delivery.

ADMINISTRATION AND MANAGEMENT

This year, SPRING/Uganda staff grew, notably with the recruitment of Assistant Accountants for Mbarara and sub-offices in Ntungamo, Namutumba, and Kisoro; Nutrition Specialist for Ntungamo; SBCC Program Officer for the OPM; and SBCC and Community Mobilization Specialist for Kisoro. However, the Senior Finance Officer resigned in March 2014.

As part of SPRING/Uganda's commitment to support building the technical capacity of youth in various fields within Uganda, SPRING/Uganda provided comprehensive training opportunities to university students to transform their classroom-based knowledge into practice at field level. SPRING/Uganda, in collaboration with Kyambogo University, developed the Young Professionals Program. Through the Young Professionals Program and other internships, SPRING/Uganda hosted interns from various institutions to provide them the opportunity for hands-on practice in their respective fields of study for a minimum of three months.

To promote teambuilding and assess program implementation, a staff retreat was conducted in January 2014, during which key activities and discussions were conducted with focus on commitment to the SPRING/Uganda values of honesty, commitment, respect, integrity, stewardship, and team work.

Related to finance and operations, the finance team has continued to provide support to streamline program operations. Accountant Assistants were deployed to sub-offices to provide direct support to field activities, specifically handling payments and logistical support. This ensured the smooth running of activities from a finance and administration perspective and allowed technical staff to focus on the technical components of the activities. The project also completed the installation of communication and networking equipment and services in Mbarara, Ntungamo, Kampala, and Namutumba offices to bolster communication between offices.

SPRING/Uganda maintained a total of five vehicles to support its program activities. However, due to the heavy implementation of activities, the vehicles were not adequate to handle concurrent activity implementation. As a result, management would frequently hire additional vehicles to meet the tight transport needs. To compensate for this shortcoming, SPRING/Uganda initiated the process of acquiring two additional vehicles and drivers.

Lessons Learned

- While being close to the district enhances collaboration with the local government, it also creates high expectations from the district leadership in terms of logistical support that the project may not be able to fulfill.

MONITORING AND EVALUATION

This year, SPRING/Uganda finalized development of the M&E systems for data collection and reporting of program activities. To support an effective M&E system, SPRING/Uganda SI team held an orientation session for the staff on the whole M&E system to enhance staff understanding of the M&E system and encourage its application in programming. SPRING/Uganda updated the project's performance monitoring plan to incorporate food fortification, nutrition and SBCC indicators, and supported the MOH in drafting of the food fortification M&E framework. Additionally, SPRING/Uganda supported the inclusion nutrition indicators in national HMIS tools which further enhance quality of nutrition data collection at the facility level. Staff trained 110 health workers on appropriate use of the new tools, and initiated procurement of these HMIS register for supply in SPRING/Uganda supported health facilities in SW and Namutumba.

To generate area-specific evidence for improvement of nutrition programming, SPRING/Uganda conducted operational research on the perception Home Fortification with MNP in Namutumba by mothers of children 6-23 months, and the influence of DNCCs and SNCCs in Kisoro, Ntungamo and Namutumba on nutrition programming and investment at district and sub county level. This was through the Pathways to Better Nutrition case study conducted in collaboration with OPM in Kisoro district to better understand how the district is prioritizing nutrition (UNAP) and how those priority areas influence investment in nutrition. In addition, SPRING/Uganda developed a protocol for the study on improved intake, compliance and adherence to IFA by pregnant women.

The SI team completed the second wave of the annual household survey using the Lot Quality Assurance Sampling methodology to continue monitoring targeted IYCF practices and social behavioral practices in SW and Namutumba. Through this second wave of the survey, SPRING/Uganda managed to collect data on the nutrition status in children 0-23 months and women of child bearing age in collaboration with Strengthening TB and AIDS Responses in East Central (STAR-EC) and Strengthening TB and AIDS Responses in South West (STAR-SW). In addition, SI staff conducted the annual NACS assessment in all SPRING-supported facilities to monitor integration of nutrition into on-going health services within different contact points. SPRING/Uganda also conducted a data quality assessment exercise for supported health facilities in SW and Namutumba to ensure the quality of the data collected and reported from health facilities.

The absence of nutrition indicators on national HMIS tools hindered timely collection of nutrition data for the M&E system. Since the MOH has released new HMIS tools which have nutrition indicators, the project started orienting health workers on the tools and indicators and helped print nutrition and eMTCT related registers for project supported facilities. This is anticipated to help improve reporting and use of nutrition data for decision making at facility level. The SI and program teams worked on the tools for collecting data on community nutrition programming and this will enhance timely capturing and reporting of the data in the M&E system.

UGANDA ANNEX 1: SUCCESS STORY

Empowered, Helping a Community to Change

At 57 years old, Bibiana is a seasoned Village Health Team member (VHT). She has served her community for over 30 years. She is a reputable “village doctor” and the first person whose opinion new mothers seek on how to look after their newborn babies. She does not remember the number of children whose lives she has saved through treatment of diarrhea and other child illnesses. Under the Ministry of Health training and trainings conducted by implementing partners, Bibiana has learned how to assess children for acute malnutrition and refer them to the health unit.

However, in all the years she has worked and children’s lives she has touched, Bibiana had never heard of “stunting.” *“For us, so long as a child is playing in the compound we assume it is fine”* she said. She adds that she had excelled in identification of malnutrition cases, but realized that most of the time, the same children that had been admitted and treated, were always becoming malnourished again.

SPRING/Uganda was an answer to more problems than she had even thought her community had. In the two years she has worked with SPRING/Uganda, her capacity to reach out to mothers, and even fathers, to educate them on preventive measures to fight malnutrition has been extensively built. Where she had previously struggled with ways to help mothers avoid re-admission into the hospital, she now has the capacity to help mothers adopt small

doable actions in their households, such as exclusively breastfeeding their children for the first six months of their lives, increasing feeding for their sick and recovering children, and continued breastfeeding. This not only ensures that their children are protected against malnutrition, but also get all the nutrients that they need to grow to their maximum potential.



Bibiana with her two granddaughters that she is raising. Photo Credit: Prisca Uwera. K, Nutrition Specialist, USAID|SPRING Kisoro.

“I knew a malnourished child is one whose hair turns brown, feet swells or is severely wasted. That a child could look normal but when in actual sense they are malnourished because they have not grown to their full potential was astounding to me!”

Bibiana says getting to know about the silent malnutrition that has gripped her community was a revelation. She now understands the need for behavior change if stunting is to be stamped out of her community and Kisoro all together. “I knew a malnourished child is one whose hair turns brown, feet swells, or is severely wasted. That a child could look normal, but when in actual sense they are malnourished because they have not grown to their full potential was astounding to me!” says Bibiana.

Blessed with rich volcanic soils and rains throughout the year, Kisoro is one of the food baskets of Uganda and neighboring Rwanda. However, this lovely district is also home to thousands of stunted children. Recent studies have rated stunting in Kisoro at 51 percent. SPRING/Uganda's goal is to reduce stunting and anemia. In the Southwest region of Uganda, the project uses social and behavior change communication to mobilize communities towards improved nutrition. SPRING/Uganda recently launched a community video campaign that targets mothers, fathers, and grandmothers of children ages 0-23 months called the "Great Mothers, Healthy Children" campaign. The project has trained 221 VHTs on how to facilitate the video sessions to community member, including 70 in Kisoro.

The videos show the small steps that other parents are taking to raise healthy children. During the video sessions, the audience shares their views on the behaviors shown. They each pose questions and find answers collectively. A VHT is their technical moderator and the commitments that they make are individual, depending on what has touched an individual.

The engagement of men who have previously left the health and care of their children to the wives alone has been noteworthy. It is especially important to engage the men since they are often the bread winners in the target communities and farming is the primary livelihood. Men determine what food is left in the house and what is sold. Engaging them and

helping them realize that looking after their children is a combined effort has been a milestone.



A group of fathers watch a video on exclusive breastfeeding.
Photo Credit: Naome Natukunda, SBCC Specialist, Kisoro.

The journey is far from over. Bibiana, like her colleagues, has a home to take care of, a garden to tend, and other household chores. She can only show these videos in her spare time. In addition, behavior change can be a slow process and patience is needed to help these communities transition. They will take it one day at a time.

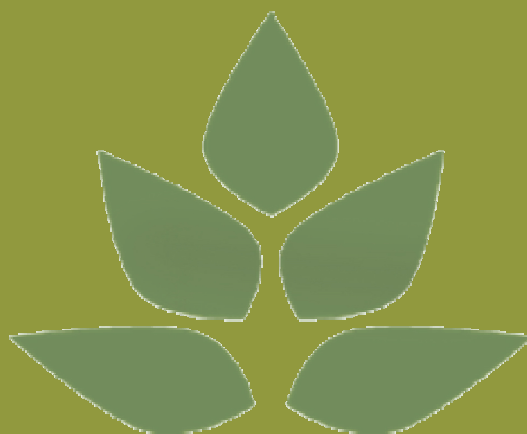
The ball has been set in motion and with these videos, this community will never be the same again. As Bibiana bids us goodbye, she is called by a mother

in the trading center who tells her that her three month old baby is having severe diarrhea. She intimates to me that sometimes she really does not have all the answers. She is, however, optimistic that sparing a small amount of time to educate the mothers, fathers, and grandmothers is a step towards fighting stunting in her community.



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